# B23000000264

(R	equestor's Name)	
(Address)		
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	_	

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AUG 1 6 2023 K. Brumbley

#### COVER LETTER

Registration Section Division of Corporations

TO:

Trivision of Corporations
SUBJECT: Gavaner Financial Olivices  Name of Foreign Limited Partnership or Limited Liability Limited Partnership
Name of Foreign Limited Parinership of Limited Liability Limited Parinership
The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.  Please return all correspondence concerning this matter to:
Maira Segura Contact Rerson
Gardner Financial Services
18402 US-281 North Suite 258
San Antonio TX 78259
City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Julie Vaello at 8210,492-4900
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
□\$1,000.00 Filing Fee □\$1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fees and Certificate of and Certified Copy and Certificate of Status
Mailing Address:Street Address:Registration SectionRegistration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. Baraner Financial Dervices, Ltd.	
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)	
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to	transact
business in Florida; must contain acceptable suffix.	
2 Texas 3 4/21/05	
State or Country of Formation Date of Formation	
4. Federal Employer Identification Number: 20 – 2749403	
5. Name of Registered Agent for Service of Process and Florida Street Address:	
Don Kalbacher_	
2020 Edgewood Dr. S.	
lakeland, FL 33803	
6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the p of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligat my position as registered agent.  Signature of Experimentary	rovisions ions of
7. Principal Office: 8. Mailing Address:	
	258
18402 US-281 N, Ste 258 18402 US-281 N, STe.	270
18402 US-281 N, Ste 258 18402 US-281 N, Ste. San Antonio, TX 78259 San Antonio, TX 7825	9
9. If limited partnership is a limited liability limited partnership, check box. $\square$	
10. Name, principal office address, and mailing address of each general partner:	2.
Name of General Partner: Dan Diepenhorst Name of General Partner:	— <del>— — —</del> —
Street Address: 107 Manorbrook Street Address:	- HÁS
Scannia TV 18020	ָרַ <u>רַ</u>
Savi/M1/110, 1 × 10250	
•	
San Antonio TX 78259	
Name of General Partner: Name of General Partner:	<u></u>
Street Address: Street Address:	<u>-</u>
Mailing Address: Mailing Address:	<u>.</u>

#### Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of f (Effective date cannot be prior to nor more the Note: If the date inserted in this block does no document's effective date on the Department of	t meet the applicable statutory filing requirements, this date will not be listed as the
Florida Department of State, by the Secretary the law of which it is organized.	outhenticated, not more than 90 days prior to the delivery of this application to the of State or other official having custody of the entity's records in the jurisdiction under
Signed this day of	Signature of a general partner
The individual signing this document affirms	hat the facts stated herein are true and the individual is aware that false information

The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

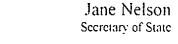
\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): Certificate of Status (optional): \$52.50 \$8.75

Page 2 of 2

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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697





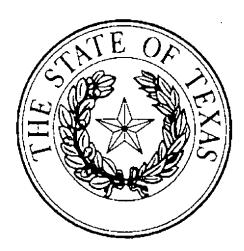
### Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Limited Partnership for GARDNER FINANCIAL SERVICES, LTD. (file number 800483007), a Domestic Limited Partnership (LP), was filed in this office on April 21, 2005.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 23, 2023.



gave Helson

Jane Nelson Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/
Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services
Prepared by: SOS-WEB TID: 10264 Document: 1249759680003