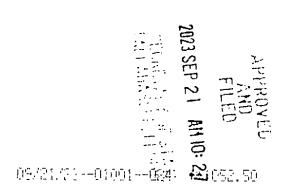
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.	(Requestor's Name)
	(Address)
	(Äddress)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





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DATE:	09/21/2023
NAME:	STW TECHNIC, L.P.
TYPE OF FI	LING: APPLICATION
COST:	1052.50-Cheek Attached
RETURN:	CERTIFIED COPY PLEASE
ACCOLNE	FC-X-000000015
AUTHORIZ	ASHON: AND PAUL HODGE

ATIL Ends

COVER LETTER

TO:	Registration Section Division of Corpora					
SHRJI	ЕСТ;		STW TEC	HNIC, L.P.		
50175	Name o	f Foreign Limited Partne	ership or Limit	ed Liability I	Limited Partnership	
partne	rship to transact busine			d to register a	foreign limited partnership or limit	ed liability limited
DEVO	ORA NEALY					
	(Contact Person	<u> </u>			
SMIT	H, GAMBRELL & RU	USSELL, LLP				
	I	Firm/Company				
1105	W. PEACHTREE STR	REET NE, SUITE 1000				
		Address				
ATLA	NTA, GA 30309					
	City,	State and Zip Code				
DNE	ALY@SGRLAW.COM	v1				
E-m	ail address: (to be used	I for future annual repor	t notification)			
For fu	rther information cone	erning this matter, pleas	e eall:			
DEVO	ORA NEALY		404 at (815-35	00	
	Name of Contact P	erson	Area Co	le and Daytin	ne Telephone Number	
Enclos	sed is a check for the fo	ollowing amount:				
(\$9	965 Filing Fee and 5 Registered Agent	3\$1,008.75 Filing Fees and Certificate of Status		Filing Fees fied Copy	□\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status	
	Mailing Address:			Street A	ddress:	
	Registration Sec			Registration Section		
	Division of Corp	porations			on of Corporations entre of Tallahassee	
	P.O. Box 6327			ine Ce	mue of fantanassee	

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

1	S	TW TECH	NIC, L.P.			
(Name of Limited P Acceptable Limited Partnersh Acceptable Limited Liability I		ship, Limit	ed. L.P., LP, or Lte	I.		
If name unavailable, name u			mited liability limi		oposes to re	gister to transact
2. GE	ORGIA		}.	1/30/2001		
State or Co	ountry of Formation			ate of Formation	n	
4. Federal Employer Identif	ication Number:			_		
5. Name of Registered Agen SMITH, GAMBRELL & RU		l Florida S	treet Address:			
50 NORTH LAURA STREE	T, SUITE 2600					
JACKSONVILLE, FL 32202	······································					
of all statutes relative to the my position as registered a		La	my duties, and I as HANS-MICHAE istered Agent	-	id accept the	? obligations of
7. Principal Office: 8. M			ailing Address:			702
1750 CORPORATE DR.		1750	1750 CORPORATE DR.			SE I
SUITE 750 SU		SUIT	IITE 750			FEAS
NORCROSS, GA, 30093		NOR	NORCROSS, GA, 30093			
9. If limited partnership is	ı limited liability limited pa	artnership.	check box.			10: 2
10. Name, principal office a	~ .	`	general partner:			7
Name of General Partner;			Name of General	Partner:		 -
Street Address: 1750 CORPORATE DR., SUITE 750		50	Street Address:	<u></u>		
Norcro.	ss GA 30093					
			_			
Street Address:			Street Address:		· · · · · · · · · · · · · · · · ·	

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 filing: (Effective date cannot be prior to nor more than 90 days a Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's red	after the date this document is filed by the Florida Department of State.) applicable statutory filing requirements, this date will not be listed as the cords.			
	d, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under			
Signed this 21st day of September	.20			
STW MANAGEMENT	F, INC. By HANS-MICHAEL KRAUS, SECRETARY OF GENERAL PARTNER			
Sign	nature of a general partner			

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

Page 2 of 2

Control Number: 0105223

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

STW TECHNIC, L.P.

a Domestic Limited Partnership

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26104951
Date Inc/Auth/Filed: 01/30/2001
Jurisdiction : Georgia
Print Date : 09/20/2023

Form Number : 211



Brad Rafforspage

Brad Raffensperger Secretary of State