B24000000037

(Demonto la Maria)			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Only State Light Holle W)			
PICK-UP WAIT MAIL			
(Pusiness Fath, Name)			
(Business Entity Name)			
(Document Number)			
- w			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



100419503521

10/07/23 - 01024--005 ***1008.75



January 18, 2024

ANDREA O'HARE 111 N RAILROAD ST. GROESBECK, TX 76642 US

SUBJECT: SIGNATURE SPECIALTY, LP Ref. Number: W24000005691

We have received your document for SIGNATURE SPECIALTY, LP and check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

General partners, if a legal entity, must be registered and active with our records.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS Regulatory Specialist III

Letter Number: 524A00001049

RECEIVED

FEB 0 1 2024

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Signature Specialty, LP			
	ed Partnership or Limited	d Liability Limited Partnership	<u> </u>
The enclosed application, certificate of status partnership to transact business in Florida. Please return all correspondence concerning		to register a foreign limited partner	ship or limited liability limited
Andrea O'Hare			
Contact Person		_	
ReSourcePro			
Firm/Company	•		
111 N Railroad St.			
Address	<u> </u>		
Groesbeck. TX 76642			
City, State and Zip Co	ode		
pvidal@gridironins.com			
E-mail address: (to be used for future annu	al report notification)	_	
For further information concerning this matte	er, please call:		
Andrea O'Hare	254	729-6131	
Name of Contact Person		and Daytime Telephone Number	
Enclosed is a check for the following amoun	t:		
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing and Certificate Status		iling Fees ed Copy Certified Copy, and Certificate of Status	İ
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

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

Signature Speci	alty, LP				
Acceptable Limite	d Partnership suffixes: Limited Pa	Liability Limited Partnership, which must include suffix) retnership, Limited, L.P., LP, or Ltd. Tixes: Limited Liability Limited Partnership, L.L.L.P. or LLLI	 ?.		
If name unavaila		partnership or limited liability limited partnership proposes to Florida; must contain acceptable suffix.	— register t	o trar	isact
_{2.} DE		3. 7/25/2023			
	State or Country of Formation	Date of Formation	_		
4. Federal Employ	yer Identification Number: 93356				
5. Name of Regist Corporate Creation	ered Agent for Service of Process	s and Florida Street Address:			
801 US Highv		•			
North Palm Bea	ach, FL 33408	,			
6. I hereby accept of all statutes re my position as re	elative to the proper and complete p egistered agent.	nt and agree to act in this capacity. I further agree to comply performance of my duties, and I am familiar with and accept the Nicholas Nichols, Special Secretary gnature of Registered Agent	with the p he obligat	orovis tions	sions of
7 Dringing! (Miss		· ·			
7. Principal Office: 261 N. University Dr. Sto \$10		8. Mailing Address: 261 N. University Dr. Ste 510		~ 3	
261 N. University Dr. Ste 510 Plantation, FL, 33324		•	ון לי (∖ורי	<u> </u>	
		Plantation, FL, 33324		T T T	
			>: []	ንበን៤ FFR – I	Printer.
9. If limited partn	ership is a limited liability limited	d partnership, check box. \square	n **		
10. Name, princip	al office address, and mailing add	dress of each general partner:		?	•
Name of Genera	al Partner:David Demott	Name of General Partner:	<u>}</u> r	<u>သ</u>	
Street Address:	261 N. University Dr. Ste 510				
Plantation, FL, 33324		Street Address:			
Mailing Addres	261 N. University Dr. Ste 510	Mailing Address:			
	Plantation, FL, 33324				
Name of Genera	al Partner:	Name of General Partner:			
Street Address:		Street Address:			_
Mailing Address	5:	Mailing Address:			

Page 1 of 2

Name of General Partner:	Name of (General Partner:				
Street Address:	Street Add	dress:				
		ddress:				
	than 90 days after the date this docu	iment is filed by the Florida Department of State.) ing requirements, this date will not be listed as the				
		nys prior to the delivery of this application to the astody of the entity's records in the jurisdiction under				
Signed this day of	November	23				
	Call May					
Signature of a general partner						
The individual signing this document affirm	ns 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

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SIGNATURE SPECIALTY, LP" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTEENTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIGNATURE SPECIALTY, LP" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

at corp.delaware.gov/auth

Authentication: 204572329

Date: 11-13-23