Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240004127593)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSH ROSS, P.A. Account Number : I19990000150 Phone : (813)224-9255 Fax Number : (813)223-9620

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA/FOREIGN LP/LLLP **3G SHIELDING SPECIALTIES LP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

Electronic Filing Menu

Corporate Filing Menu

Help

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

Acceptable Limited Partnership suffixed	s: Limited Partnership, Lim	ited Partnership, which must include suffix) ited, L.P., i.P., or l.td. Liability Limited Partnership, L.L.L.P. or LLLP.	-
If name unavailable, name under which	in the limited partnership or business in Florida; must	limited liability limited partnership proposes to r contain acceptable suffix.	egister to transact
DELAWARE		3 OCTOBER 28, 2015	
State or Country of	Formation	3. OCTOBER 28, 2015 Date of Formation	_
4. Federal Employer Identification N	umber: 47-5494792		
5. Name of Registered Agent for Serv		Street Address:	
BUSH ROSS REGISTERED AGENT	SERVICES. LLC		
1801 N. HIGHLAND AVE.	· -		
TAMPA, FL 33602			
of all statutes relative to the proper of my position as registered agent. BUS	and complete performance o SH ROSS REGISTERED AG : JOHN N. GIORDANO, VP	fal And	with the provisions te obligations of
	Signature of Ro	gistered Agent	ĹIJ
7. Principal Office:		ailing Address:	<u>30 h7n7</u>
8302 LAUREL FAIR CIRCLE, SUITE 100 8302		2 LAUREL FAIR CIRCLE, SUITE 100	_ <u>1</u>
TAMPA, FL 33610 TAM		MPA, FL 33610	<u>.</u>
			AH.
9. If limited partnership is a limited	liability limited partnershi	p, check box.	r: l 2
10. Name, principal office address, a	nd mailing address of each	general partner:	0,
Name of General Partner:	ENERAL PARTNER INC.	Name of General Partner:	
Street Address: 8302 LAUREL F.	AIR CIRCLE, SUITE 100	Street Address:	
TAMPA, FL 336	10		
Mailing Address:		Mailing Address:	
Name of General Partner:		Name of General Partner:	
Street Address:		Street Address:	
		Mailing Address:	

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Name of General Partner:		Name of General Partner:		
Street Address:		Street Address:		
Mailing Address:		Mailing Address:		
11. Effective date, if other than the date (Effective date cannot be prior to nor mor Note: If the date inserted in this block do document's effective date on the Department.	re than 90 days after the c es not meet the applicable	date this document is filed by the Florida Department of State.) estatutory filing requirements, this date will not be listed as the		
		one than 90 days prior to the delivery of this application to the cial having custody of the entity's records in the jurisdiction under		
Signed this 12th day	of DECEMBER	20		
	Tim Black			
Signature of a general partner				
		erein 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

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Page 1



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

DELAWARE, DO HEREBY CERTIFY "3G SHIELDING SPECIALTIES 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 DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3G SHIELDING SPECIALTIES LP" WAS FORMED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2015.

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

Authentication: 205124892

Date: 12-13-24