# F23000004383

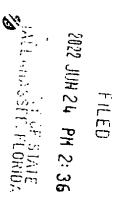
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T. LEMIEUX JUL 15 2022

### **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	Partners Specialties, Inc			
SOURCE.		e of corporation	- must include suffix	
Dear Sir or M	Madam:			
"Certificate o	1 "Application by Foreign of Existence," or "Certificanced foreign corporation to	ite of Good Star	iding" and check are s	
Please return	all correspondence conce	rning this matter	to the following:	
Walter Warre	n			
<del></del>		Name of	Person	
Partners Spec	ialties, Inc.			
		Firm/Con	npany	
P.O. Box 345	67			
		Addr	ess	
Houston, TX	77234			
	-	City/State a	nd Zip code	
Travis.Dobbs	@Psi-Psi.com			
	E-mail addre	ess: (to be used	for future annual repor	t notification)
For further in	nformation concerning this	matter, please o	call;	
Walter Warre	n	at (832	715-4070	
Nan	ne of Person	Area Cod	e Daytime Tel	ephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Division of P.O. Box 6:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	_	DEPARTMENT	*OF STATE \$78.75 Filing Fee & Certified Copy	<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

If name unavail	able in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting	g business in Florida)		
Texas 3.		83-1465168 3.	83-1465168		
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	plicable)		
08/03/2018		5.			
		(Date of duration, if other	(Date of duration, if other than perpetual)		
N/A - In the fut	ure transactions planned				
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) .1502, F.S., to determine penalty liabili	ity)		
12405 Fuqua St.,	Houston, TX 77034				
		office <u>street</u> address)			
D.O. D 24667	Houston, TX 77234				
P.O. BOX 34307,		iling address if different)			
	(Current ma	iling address, if different)  2.0. Box. NOT acceptable)			
		•	202		
Name and <u>stree</u> Name:	(Current ma	•	2022 JUH		
Name and stree	(Current ma et address of Florida registered agent: (I CT Corporation System	P.O. Box NOT acceptable)	2022 JUN 24		
Name and stree Name:	(Current ma  t address of Florida registered agent: (I  CT Corporation System  1200 South Pine Island Road	P.O. Box NOT acceptable)	2022 JUN 24 PI		
Name and <u>stree</u> Name: Tice Address:	(Current ma  et address of Florida registered agent: (I  CT Corporation System  1200 South Pine Island Road  Plantation  (City)	P.O. Box NOT acceptable) , Florida 33324	Tig 😎 1		
Name and stree  Name:  ffice Address:  Registered age aving been namesignated in this rther agree to contact the street agreet agreet the street agreet agreet agreet agreet the street agreet	(Current ma  t address of Florida registered agent: (I  CT Corporation System  1200 South Pine Island Road  Plantation	P.O. Box NOT acceptable)  The process for the above stated attent as registered agent and agress relative to the proper and complete.	d corporation at the peet to act In this capac		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS			
□Chairman	Name:	Chairman	Name: Jeffery A. Smith
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	Friendswood, TX 77546	Director	Houston, TX 77034
President		□President	
□Vice President		■ Vice President	
☐ Secretary	Treasurer	■ Secretary	□Treasurer
□Other	□Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	□Other	□Other	Other
☐ Chairman	Name:	□Chairman	Name:
	Address:		Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	□Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	artment of State Annual Re	port form.
12. WM	Signature of Dire	ctor or Officer	
	ctor signing this document (and who is listed in nalse information submitted in a document to the E		
13. William J. W	/arren Director / President	<del> </del>	

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 Formation for Partners Specialties, Inc. (file number 803083559), a Domestic For-Profit Corporation, was filed in this office on August 03, 2018.

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 June 21, 2022.



John B. Scott Secretary of State

TID: 10264

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Document: 1157267690002

Phone: (512) 463-5555 Prepared by: SOS-WEB