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## COVER LETTER

JĒCT:	Name	of Limited Liability	Company		
enclosed "Application by Forence, and check are submitted	oreign Limited Liability Co ted to register the above re	ompany for Authoriz ferenced foreign lim	ation to Tr ited liabilit	ansact Business in Florida," y company to transact busin	Certificate ness in Flori
e return all correspondence	concerning this matter to	the following:			
BABER YOU	INAS				
<del></del>		Name of Person			
TEXAS PART	ENERS IN HEALTH, LLC				
		Firm/Company		<del></del>	
1780 W. MCI	DERMOTT DRIVE, SUIT	E 200			
	<del></del>	Address	<u> </u>		
ALLEN, TEX	AS 75013				
·	Cit	y/State and Zip Code	<del></del> -		
BYOUNASME	@GMAIL.COM				
	E-mail address: (to be	ised for future annua	l report no	tification)	
urther information concerni	ng this matter, please call:				
USMAN QURESHI		972 at (	890-89	000	
Name	of Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton E 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	

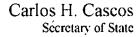
# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alto .iability Company," "L.L.C,"	ernate name adopted for or "LLC.")	the purpose of t	transacting busines	s in Florida.	The alternate na	ame must i	nclude '	Limited
TEXAS		,	3					
(Jurisdiction under the law o company is organized) FERRIJARY 23, 2016	f which foreign limited	liability	···	(FEI num	ber, if applicabl	le)		
,	(Date first transa	cted business in	Florida if prior to	registration	<u>,</u>			
1780 W. MCDERMOT	(Date first transa (See sections 605.0 F DRIVE, SUITE 200	)			oility)			
ALLEN, TEXAS 75013								
		Address of Princ	ipal Office)			<del>_</del> _		
1780 W. MCDERMOTI	DRIVE, SUITE 200				•			
ALLEN, TEXAS 75013			<del>-</del>			_		
-		(Mailing Addr	ress)		·	<b>—</b> ;:		
. Name and street address	of Florida registered	agent: (P.O. E	Box NOT accept	able)			- 6 ->≥	
Name:	REGISTERED A		•	_		\$ 5 X	iic 29	,
Office Address:	3030 N. Rocky	Point Driv	e, STE 150A	_		1.00 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m	78	314 m. 4 d
							-	
	TAMPA			Florida	33607	<b>.</b>	$\overline{N}$	, 44
	ance:	(City)	- C	_ , Florida _	(Zip code)	.onio.	12:03	
laving been named as reg his application, I hereby a with the provisions of all st	ance: istered agent and to a ccept the appointmen atutes relative to the	accept service at as registered proper and co	d agent and agree	e above sta e to act in t ince of my	(Zip code)  ted corporation his capacity. duties, and I d	I further im famili	olace de agree to ar with	o comply and acce
laving been named as reg his application, I hereby a with the provisions of all st	ance: istered agent and to a ccept the appointmen atutes relative to the	accept service of the	l agent and agree mplete performa	e above sta e to act in t ince of my	(Zip code)  ted corporation his capacity. duties, and I d	I further im famili	olace de agree to ar with	o comply and acce
Registered agent's acceptaliaving been named as registion, I hereby a with the provisions of all subset obligations of my positions.  8. The name, title or capace BABER YOUNAS, MANA	ance: istered agent and to decept the appointment atutes relative to the ion as registered agent and address of the	(Registered	agent and agree mplete performation  Bill Havre/agent's signature)  b has/have author	e above sta e to act in t ince of my d Assistant	(Zip code)  ted corporation his capacity. duties, and I a  Secretary, ge is/are:	I further im famili	olace de agree to ar with	o comply and acce
Having been named as reg his application, I hereby a vith the provisions of all st he obligations of my positi	ance: istered agent and to a ccept the appointment atutes relative to the ion as registered agen eity and address of the AGER; 1780 W. MCE	(Registered person(s) who DERMOTT DE	agent and agree mplete performation.  Bill Havre/agent's signature) be has/have authors. #200, ALLEN.	e above sta e to act in to ince of my of Assistant city to mana TX 75013	(Zip code)  ted corporation his capacity. duties, and I a  Secretary, ge is/are:	I further im familia /Registe	olace de agree la ar with ered A	and acce

Typed or printed name of signee

BABER YOUNAS, MANAGER





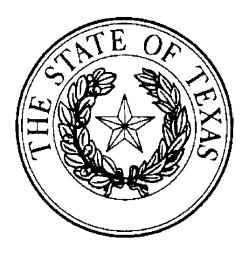
## Office of the Secretary of State

### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Texas Partners in Capital Investments, LLC (file number 802197043), a Domestic Limited Liability Company (LLC), was filed in this office on April 17, 2015.

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 August 25, 2016.



Carlos H. Cascos Secretary of State