M19000010012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

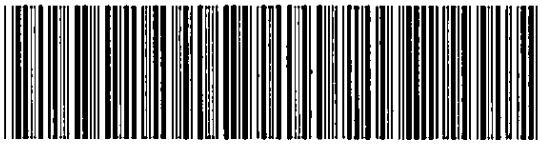
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900335086579

10/04/19--01033--004 **130.00

FILED
2019 OCT -4 PM 3:40

D. BRUCE
OCT 19 2019

# KELLY, SUTTER & KENDRICK, P. C.

ATTORNEYS AT LAW

3050 POST OAK BLVD., SUITE 200
HOUSTON, TEXAS 77056-6570
3707

TELEPHONE (713) 595-6000
FACSIMILE (713) 595-6001


October 3, 2019

***Via Fax Federal Express 7764 7720 7083***

Florida Secretary of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Foreign Registration of Summit Capital Partners – Tallahassee V GP, LLC

Dear Sir or Madam:

Please find enclosed for filing the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for **Summit Capital Partners – Tallahassee IV GP, LLC**, a Certificate of Good Standing from the Nevada Secretary of State and a check for $130.00 to cover the expenses for the filing fees and Certificate of Status fee; and.

I have also enclosed a pre-paid, pre-printed Federal Express shipping label and envelope to return the recorded documents back to our office.

Thank you for your assistance with this matter and please do not hesitate to contact me at (713) 595-6000 or vnguyen@ksklawyers.com if you have any questions.

Very truly yours,

Van Nguyen

Enclosures

**COVER LETTER**

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** Summit Capital Partners - Tallahassee V GP, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert A. Behar
Name of Person

Summit Capital Partners - Tallahassee V GP, LLC
Firm/Company

5555 San Felipe, Unit 1135
Address

Houston, Texas 77056
City/State and Zip Code

rab@summitcp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Douglas Sutter at (713) 595-6000
Name of Contact Person — Area Code — Daytime Telephone Number

**MAILING ADDRESS:**
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

**STREET ADDRESS:**
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ $125.00 Filing Fee ■ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy

**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:*

1. Summit Capital Partners - Tallahassee V GP, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-2999315
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5555 San Felipe, Suite 1135
(Street Address of Principal Office)
Houston, Texas 77056

6. 5555 San Felipe, Suite 1135
(Mailing Address)
Houston, Texas 77056

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Inc.

Office Address: 7901 4th Street N., Suite 300

St. Petersburg (City), Florida 33702 (Zip code)

**Registered agent's acceptance:**
***Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.***

Bill Hamm
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|---|---|---|---|
| ☐ Manager | Name: Summit Capital Partners LLC | ☐ Manager | Name: J. Douglas Sutter |
| ■ Member | Address: 5555 San Felipe, Suite 1135 | ☐ Member | Address: 3050 Post Oak Blvd., Suite 200 |
| ☐ Authorized | Houston, Texas 77056 | ■ Authorized | Houston, Texas 77056 |
| Person | | Person | |
| ☐ Other | ☐ Other | ☐ Other | ☐ Other |
| ☐ Manager | Name: | ☐ Manager | Name: |
| ☐ Member | Address: | ☐ Member | Address: |
| ☐ Authorized | | ☐ Authorized | |
| Person | | Person | |
| ☐ Other | ☐ Other | ☐ Other | ☐ Other |
| ☐ Manager | Name: | ☐ Manager | Name: |
| ☐ Member | Address: | ☐ Member | Address: |
| ☐ Authorized | | ☐ Authorized | |
| Person | | Person | |
| ☐ Other | ☐ Other | ☐ Other | ☐ Other |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Signature of an authorized person

J. Douglas Sutter - Attorney-in-fact

Typed or printed name of signee

# SECRETARY OF STATE

STATE OF NEVADA

## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Summit Capital Partners - Tallahassee V GP, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/10/2019, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/25/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20190925245166
You may verify this certificate online at http://www.nvsos.gov