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Foreign Limited Liability Company FRAZER GP, L.L.C.

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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 FOREXIN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: FRAZER GP, L.L.C. (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C., "or "LLC.") (If came unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lumited I (ability Company, 3 "L.i., C.") or "LLC.") 20-0745858 (Jurisdiction under the law of which fareign limited liability company is organized) Not Applicable (Dure first transacted business in Florida, if prior to registration) (See sections 605,0904 & 605,0905, F.S. to determine penalty lubility) 7227 RAMPART ST STE A (Street Accress of Principal Office) HOUSTON, TEXAS 77031 HOUSTON, TEXAS 77081 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation. 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. CT Corporation Jessica Hale - Asst Sec.

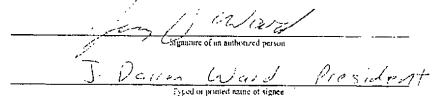
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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: LAURA A GRIFFIN	™Manager	Name: JANICE F GRIFFIN
⊡ Member	Address: 7227 RAMPART ST STE A	□Member	Address: 7219 RAMPART ST STE A
□Authorized	HOUSTON, TEXAS 77081	□Authorized	HOUSTON, TEXAS 77081
Person		Person	
□Other	[10ther	Other	□Othe r
⊠Manager	Name: JOHN T GRIFFIN, SR.	□Manager	Name:HERRY DARREN WARD
□Member	Address: 7227 RAMPART ST STE A	□Member	Address: 7227 RAMPART ST STE A
[] Authorized	HOUSTON, TEXAS 77081	⊡ Authorized	HOUSTON, TEXAS 77081
Person		Person	
□Other	ПОther	Other	□Other
□Manager	Name:	□ Manager	Name:
□Member	Address:	□Member	Address:
E) Authorized	-12-7	□Authorized	
Person		Person	
□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.

^{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.



^{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 outh of the translation must be submitted)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Ruth R. Hughs Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document. Articles of Organization for Frazer GP, L.L.C. (file number 800284587), a Domestic Limited Liability Company (LLC), was filed in this office on December 29, 2003.

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 April 27, 2020.



Ruth R. Hughs Secretary of State

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