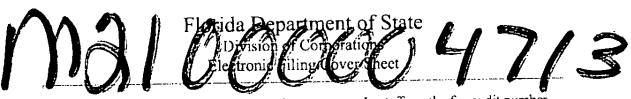
4/20/2021

Division of Corporations



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.

(((H21000157595 3)))



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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

Email	Address:	
EMAIL	AUGI 6331	

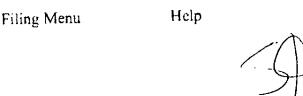
Foreign Limited Liability Company

FLOW SERVICE PARTNERS FLORIDA OP-CO LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu



To: 18506176333

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BESINESS IN THE STATE OF FLORIDA:

Flow Service Partners Florida Op-Co U.C.

	ane adopted for the purpose of transacting business in Florid		-3214060	y Company, Trees or		
Delaware	ich foreign limited lishili!v compan; is organized)		(FEI number, if applicable)			
(Jurisdiction under the law of WI	ich ibreign maitea meinitz conspany izwiginitze,					
4	(Date first transacted business to Florida, if prin, to regulate sections of 5 6904 & 605,0905, F.S. to determine p	disation) penalty habi	laty;			
725 Cool Springs Boul	evard	672	25 Cool Springs Bouleva	ard	_	
(Street Address of Principal Office)	***		twomen vones.			
Highwoods Building III. Suite 600		<u> </u>	Highwoods Building III, Suite 600			
Franklin, TN 37067		F	ranklin, TN 37067	20 R	- = 1	
7. Name and street address Name:	CT Corporation System	<u>NOT</u> acc	eptable)	SECRETARY OF STATE		
Office Address	1200 South Pine Island Road			ATE ATE))	
	Plantation		33324 , Florida			
	(City)		(/yp cosle)			
designated in this application to comply with the provision	(Chy)	ocess for registera ind comp	r the above stated limited lie			

Page: 4 of 5

To: 18506176383

From: Ranae McGraw

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

manage (a), to see co	, ,			
Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: Flow Service Paitners Management I	LLCManager	Name.	
■Member	Address:	□Member	Address:	
□Authorized	Highwoods Building III, Suite 600	Authorized		
Person	Franklin, TN 37067	Person		
		_Other]Other
∐Manager	Name:	_ Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
□Other	Other	_Other	<u></u>	Other
		□Manager	Name:	
□Manager	Name:	_		
⊒Member	Address:	I 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 translation 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 fellowy as provided for in \$ 817,155, F.S.

	16/2	_
	Signature of an authorized person	
Thomas Ince		
	Typed or printed name of signee	

From: Ranae McGraw



Page 1

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

DELAWARE, DO HEREBY CERTIFY "FLOW SERVICE PARTNERS FLORIDA OP-CO

LLC" 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 NINETEENTH DAY OF APRIL, A.D. 2021.

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

e at corp delaware gov/auth

Authentication: 202997966

Date: 04-19-21