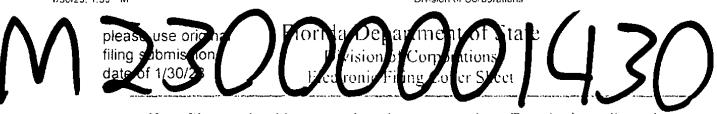
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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:__legal@nexpoint.com

Foreign Limited Liability Company Lone Oak, LLC

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Help

S. ROBERTS

FEB - 3 2023

رخن

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

Lone Oak, LLO	SINESS INTHE STATE OF FLORIDA: 			
	Timited Fiability Company, must include Timit	e. U iahility C	oppraise "THE " or "HE"	
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Troquity, 1 to via viv. 7	
Lone Oak Hold	ings, LLC			
I name unavadable, enter alternate i	name adopted for the purpose of transacting business or	Honda. The all	ernate name must include "Limited Eubility (Company 114, U.C. of 114 LC
Defaware			N/A	
That saliction made: the law of w	high foreign limited hability company is organized;	3	(ELL number, it ap	plicable)
01/31/2023				
•	(Date first transacted business in Horida if prior to (See sections 905 0901 & 605 0905 ff 8, to deter-	o (egistration) moc posalty ha	ibility)	
300 Crescent Court, Suite 700		300	300 Crescent Court, Suite 700	
reet Address of Principal Office)				· · · · · · · · · · · · · · · · · · ·
			•	
Dallas, TX 75201		Dalfas, TX 75201		
		-		
Name and Street address	ss of Florida registered agent: (P.O. Bo	v NOFace	centable)	202
	and the first of t	<u> </u>	a a proserviori	· 65
Name:	C.T Corporation System			(A)
		•		~~.
Office Address:	1200 South Pine Island Road			23
		_		9
	Plantation		33324 , Florida	ယ ၁
	(CIN)		Zm zode)	

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.

C.T.Corporation System By:	n Visita forget
(Registeral agent	s stortaling)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized manage [up to six (6) total]; Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Nancy Dondero Name: Melissa Schroth □Manager DManager Address: 300 Crescent Ct, Ste 700 Address: 300 Crescent Ct, Ste 700 □Member □ Momber Dallas, TX 75201 ■Authorized Dallas, TX 75201 EAuthorized Person Person □Other_____ EJOther_____ []Other____ Other_____ Name: The Dugaboy Investment Trust □Manager □ Manager Name: Address: 300 Crescent Ct. Ste 700 **⊞**Member [] Member Address: Dailas, TX 75201 ☐ Authorized □Authorized.

Person

i∃Member

☐ Authorized

Person

[]Other_ ___ ___

Other____

□Other_____

□ Other

Name:

Address:

Important Notice: Lisa on attachment to report to the size of the
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for teporting purposes only. Non-independent of the state of the s
indexed individuals may be added to the index when filing your Florida Department of State Annual Report form,
midexed individuals may be added to the index when filing your Florida Department of State Appeal Paper form
year of the control o

[]Other____

[]Other____

Name:

Address:

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

Nancy Dondero

Person

Manager

□Member.

☐ Authorized

Person

Other____

□Other____

^{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).



Page 1

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

DELAWARE, DO HEREBY CERTIFY "LONE OAK, 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 TWENTY-SEVENTH DAY OF JANUARY, A.D. 2023.

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

Authentication: 202592943

Date: 01-27-23