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Division of Corporations

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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: LISA.METTS@HINES.COM

Foreign Limited Liability Company  
HR HGPD PARTNERS LLC

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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JAN 29 2024  
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HR HGGD Partners LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3.
(DBI number, if applicable)

4.
(Where first transacted business in Florida, if prior to registration. See sections 605.001 & 605.005, F.S. to determine penalty liability.)

5. 845 Texas Avenue, Suite 3300
(Street Address of Principal Office)
Houston, Texas 77002
6. 845 Texas Avenue, Suite 3300
(Mailing Address)
Houston, Texas 77002

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(County) (Zip code)

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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: James H Tanks III Assistant Secretary
(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Keith Montgomery</u>	<input type="checkbox"/> Manager	Name: <u>Evan J. McCord</u>
<input type="checkbox"/> Member	Address: <u>845 Texas Avenue, Suite 3300</u>	<input type="checkbox"/> Member	Address: <u>845 Texas Avenue, Suite 3300</u>
<input checked="" type="checkbox"/> Authorized	<u>Houston, Texas 77002</u>	<input checked="" type="checkbox"/> Authorized	<u>Houston, Texas 77002</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Lisa Q. Metts</u>	<input type="checkbox"/> Manager	Name: <u>Michael Harrison</u>
<input type="checkbox"/> Member	Address: <u>845 Texas Avenue, Suite 3300</u>	<input type="checkbox"/> Member	Address: <u>845 Texas Avenue, Suite 3300</u>
<input checked="" type="checkbox"/> Authorized	<u>Houston, Texas 77002</u>	<input checked="" type="checkbox"/> Authorized	<u>Houston, Texas 77002</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Lane Gardner</u>	<input type="checkbox"/> Manager	Name: <u>Steve Luthman</u>
<input type="checkbox"/> Member	Address: <u>845 Texas Avenue, Suite 3300</u>	<input type="checkbox"/> Member	Address: <u>845 Texas Avenue, Suite 3300</u>
<input checked="" type="checkbox"/> Authorized	<u>Houston, Texas 77002</u>	<input checked="" type="checkbox"/> Authorized	<u>Houston, Texas 77002</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:  
  
 2088011071022000  
 \_\_\_\_\_  
 Signature of an authorized person

Lisa Q. Metts, Authorized Person  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HR HGPD PARTNERS 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-SIXTH DAY OF JANUARY, A.D. 2024.

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



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

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SR# 20240261921

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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Date: 01-26-24