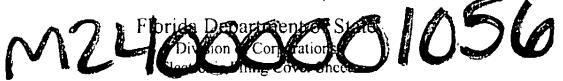
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Division of Corporations



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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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JAN 29 2024

K. Brumbley

From: James Tanks

DocuSign Envelope ID 4327ED99-8146-40E2-8978-3732B6155D2B

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

IN COMPLANCE WITH SECTION 665002, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. HAITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

HR HGPD Partners LL	C					
(Name of Foreign	Firmited Liability Company; must include "Finited	Haabibiy Compony,	THE COMPTON			
(It name anasyalshle, enter alternate)	aine adopte Hos the purpose of transacting business in El	orida. (he allemate fan	re must multiple "Limited Easiel	hty Gespuny," nt. t.	.C. CormLLC)	
Delaware		•				
(Its led class under the law of which foreign limited happing company is organized)		3. <u> </u>	(F) Luuriber, et applicable)			
4						
	Date for transacted bis 1888 in Florida, if pear to (See sections 6.5 030) & 685,0905, f S to determi	egistration i ine penalty flability i				
845 Texas Avenue, Suite 3300		845 Texas Avenue, Suite 3300				
5. Street Address of Principal Officer		6 <u>,N',n</u>	ing Address)			
Houston, Texas 77002		Houston, Texas 77002				
					<u>-</u>	
						
7. Name and street address	s of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable	e)	207		
Name:	C T Corporation System			2024 JAH 2	2 75.0	
Office Address:	1200 South Pine Island Road			9 86		
	Plantation	,	33324 Florida	Aii 10: 2)	
	(,4)	_	(Zip code)	co	1	

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)

From: James Tanks

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Keith Montgomery	□Manager	Name: Evan J. McCord
□Member	Address: 845 Texas Avenue, Suite 3300	∏Member	Address: 845 Texas Avenue, Suite 3300
☑ Authorized	Houston, Texas 77002	Nathorized	Houston, Texas 77002
Person		Person	
∐Other	Other	□Other	□Other
∐Manager	Name: Lisa Q. Metts	□Manager	Name: Michael Harrison
□Member	Address: 845 Texas Avenue, Suite 3300	∏Member	Address: 845 Texas Avenuc, Suite 3300
□ Authorized	Houston, Texas 77002	되 Authorized	Houston, Texas 77002
Person		Person	
□Other		[]Other	
□Manager	Name: Lane Gardner	□Manager	Name: Steve Luthman
□Member	Address: 845 Texas Avenue, Suite 3300	□Member	Address: 845 Texas Avenue, Suite 3300
	Houston, Texas 77002		Houston, Texas 77002
Person		Person	
□Other	(DOther	□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 \$.817.155, F.S.

Trum A. Matt		
20000 1007 2522 30 .	Signature of an anchorized person	
Lisa Q. Metts, Authorized	d Person	
	Typed or printed name of signee	



Page 1

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.

Authentication: 202680787

Date: 01-26-24