



Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: \$300

Filed in the Office of the
Secretary of State of Texas
Filing #: 800810583 05/03/2007
Document #: 169392990002
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**Certificate of Formation
Limited Liability Company**

Article 1 - Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

HP Two-GP, LLC

The name of the entity must contain the words "Limited Liability Company" or "Limited Company," or an accepted abbreviation of such terms. The name must not be the same as, deceptively similar to or similar to that of an existing corporate, limited liability company, or limited partnership name on file with the secretary of state. A preliminary check for "name availability" is recommended.

Article 2 – Registered Agent and Registered Office

A. The initial registered agent is an organization (cannot be company named above) by the name of:

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

Gail M. Whitfield

C. The business address of the registered agent and the registered office address is:

Street Address:

4934 W. Highway 290 Austin TX 78735

Article 3 - Governing Authority

A. The limited liability company is to be managed by managers.

OR

B. The limited liability company will not have managers. Management of the company is reserved to the members.

The names and addresses of the governing persons are set forth below:

Manager 1: **Gail M. Whitfield**

Title: **Manager**

Address: **4934 W. Highway 290 Austin TX, USA 78735**

Article 4 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

Supplemental Provisions / Information

MANAGER LIABILITY. To the fullest extent permitted by law, no Manager of the Limited Liability Company shall be liable to the Limited Liability Company or to its members for monetary damages for an act or omission in the Manager's capacity as a Manager, except liability for (i) a breach of the Manager's duty of loyalty to the Limited Liability Company or its members, (ii) an act or omission not in good faith that constitutes a breach of duty of the Manager to the Limited Liability Company or an act or omission that involves intentional misconduct or a knowing violation of the law, (iii) a transaction from which the Manager received an improper benefit, whether or not the benefit resulted from

an action taken within the scope of the Manager's office, or (iv) an act or omission for which the liability of a Manager is expressly provided by an applicable statute.

If the Texas statutory law hereafter is amended to further eliminate or limit the liability of a Manager, then a Manager of the Limited Liability Company, in addition to the circumstances in which a Manager is not personally liable as set forth in the preceding sentence, shall not be liable to the fullest extent permitted by the amended Texas statutory law.

Any repeal or modification of the preceding provisions in this Article by the members of the Limited Liability Company shall not adversely affect any right or protection of a Manager of the Limited Liability Company existing at the time of such repeal or modification.

[The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer are set forth below.

William D. Brown **901 Congress Avenue, Austin, TX 78701**

Effectiveness of Filing

A. This document becomes effective when the document is filed by the secretary of state.

OR

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

William D. Brown

Signature of Organizer

FILING OFFICE COPY

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709



Filed in the Office of the
Secretary of State of Texas
Filing #: 800810833 05/04/2007
Document #: 169452510002
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for Web Filing

Filing Fee: \$750

**Certificate of Formation
Limited Partnership**

Article 1 - Entity Name and Type

The filing entity being formed is a limited partnership. The name of the entity is:

Harper Park Two, LP

The name must contain the words "Limited Partnership," or "Limited," or the abbreviation "L.P.," "LP," or "Ltd." The name must not be the same as, deceptively similar to or similar to that of an existing corporate, limited liability company, or limited partnership name on file with the secretary of state. A preliminary check for "name availability" is recommended.

Article 2 - Principal Office

The address of the principal office in the United States where records of the partnership are to be kept or made available is set forth below:

4934 W. Highway 290, Austin, TX, USA 78735

Article 3 - Registered Agent and Registered Office

A. The initial registered agent is an organization (cannot be limited partnership named above) by the name of:

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

Gail Whitfield

C. The business address of the registered agent and the registered office address is:

Street Address:

4934 W. Highway 290 Austin TX 78735

Article 4 - General Partner Information

The name and address of each general partner are as follows:

General Partner 1: (Business Name) **HP Two-GP, LLC**

Address: **4934 W. Highway 290 Austin TX, USA 78735**

Supplemental Provisions / Information

[The attached addendum, if any, is incorporated herein by reference.]

Effectiveness of Filing

A. This document becomes effective when the document is filed by the secretary of state.

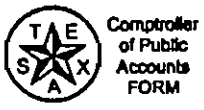
OR

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Signature of General Partner 1: **HP Two-GP, LLC, General Partner, by Gail Whitfield, Manager**



05-102
(Rev. 1-08/28)
Tcode 13196

00002947916
TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations and Limited Liability Companies (LLCS))
This report **MUST** be filed to satisfy franchise tax requirements

Filing Number: 800810583

2009
JUN 15 455

Taxpayer number Report year
 3 | 2 | 0 | 3 | 1 | 4 | 5 | 1 | 3 | 2 | 4 | 2 | 0 | 0 | 8

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name
HP TWO-GP LLC
Mailing address
4934 W HIGHWAY 290
City
AUSTIN

State
TX

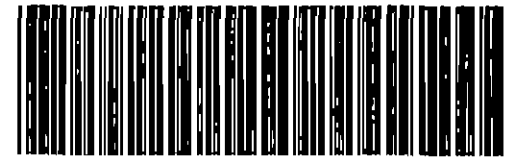
ZIP Code
78735

Plus 4
6746

Secretary of State file number or
Comptroller file number
0800810583

Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office
SAME
Principal place of business
SAME



3203145132408

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

SECTION A Name, title and mailing address of each officer, director or member.

| Name | Title | Director | Term expiration | State | ZIP code |
|-----------------------|----------------|---------------------------|-----------------------|-----------|--------------|
| GAIL WHITFIELD | MANAGER | <input type="radio"/> YES | m m d d y y | TX | 78735 |
| | | <input type="radio"/> YES | m m d d y y | | |
| | | <input type="radio"/> YES | m m d d y y | | |
| | | <input type="radio"/> YES | m m d d y y | | |

SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of Ownership |
|---|--------------------|-------------------------------|-------------------------|
| | | | |
| | | | |

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity or limited liability company.

| Name of owned (parent) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of Ownership |
|---|--------------------|-------------------------------|-------------------------|
| | | | |

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: **GAIL WHITFIELD**

Office: **4934 W HIGHWAY 290** City **AUSTIN** State **TX** ZIP Code **78735**

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here *Gail M. Whitfield* Title _____ Date **4/27/09** Area code and phone number **(512) 476-1100**



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TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

Comptroller of Public Accounts FORM 05-102 (9-09/29) Tcode 13196

Taxpayer number 32031451324 Report year 2010

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name HP TWO-GP LLC

Mailing address 4934 W HIGHWAY 290

City AUSTIN

State TX

ZIP Code 78735

Plus 4 6746

Secretary of State file number or Comptroller file number

0800810583

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office AUSTIN TX

Principal place of business AUSTIN TX



3203145132410

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

SECTION A Name, title and mailing address of each officer, director or member.

Table with columns for Name, Title, Director (YES/NO), Term expiration (m, m, d, d, y, y), State, and ZIP Ccode. Includes entry for GAIL M WHITFIELD, MANAGER, AUSTIN TX, 78735.

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Table with columns for Name of owned (subsidiary) corporation or limited liability company, State of formation, Texas SOS file number, if any, and Percentage of Ownership.

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity or limited liability company.

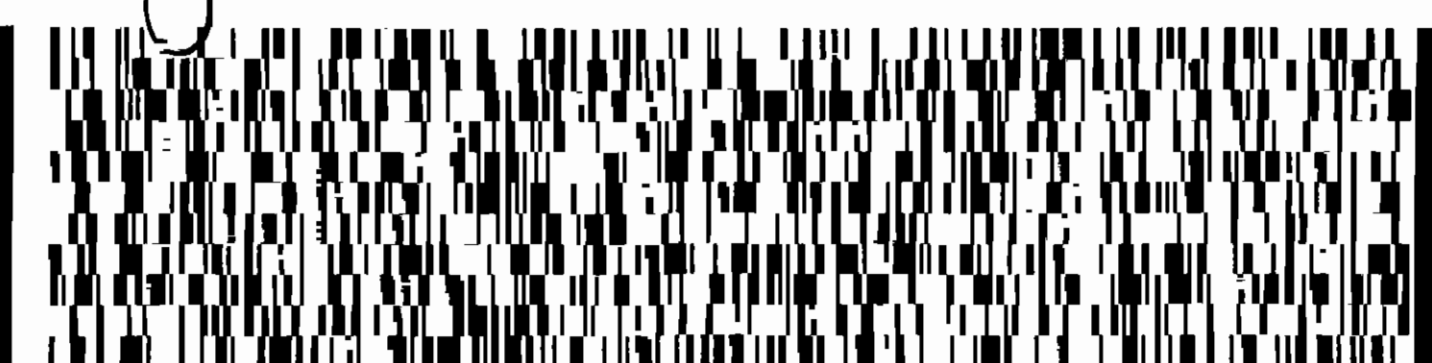
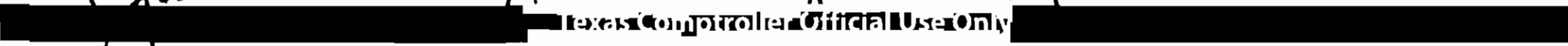
Table with columns for Name of owned (parent) corporation or limited liability company, State of formation, Texas SOS file number, if any, and Percentage of Ownership.

Registered agent and registered office currently on file. (See instructions if you need to make changes) Agent: GAIL M WHITFIELD Office: 4934 W HIGHWAY 290 City AUSTIN State TX ZIP Code 78735

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

Signature: Gail M Whitfield Title: Manager Date: 11/5/2010 Area code and phone number: () -



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342

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Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements



05-102
(Rev. 9-11/30)

Tcode 13196 Franchise

Taxpayer number

3 | 2 | 0 | 3 | 1 | 4 | 5 | 1 | 3 | 2 | 4

Report year

2 | 0 | 1 | 2

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name

HP TWO-GP LLC

Mailing address

4934 W HIGHWAY 290

City

AUSTIN

State

TX

ZIP Code

78735

Plus 4

Secretary of State (SOS) file number or Comptroller file number

0800810583

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

4934 W HIGHWAY 290, AUSTIN, TX 78735

Principal place of business

4934 W HIGHWAY 290, AUSTIN, TX 78735

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3203145132412

SECTION A Name, title and mailing address of each officer, director or member.

| Name | Title | Director | Term expiration | State | ZIP Code |
|------------------|---------|---------------------------|-----------------|-------|----------|
| GAIL M WHITFIELD | MANAGER | <input type="radio"/> YES | | TX | 78735 |
| | | <input type="radio"/> YES | | | |
| | | <input type="radio"/> YES | | | |

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
|---|--------------------|-------------------------------|-------------------------|
| | | | |
| | | | |

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

| Name of owned (parent) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
|---|--------------------|-------------------------------|-------------------------|
| | | | |

Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: GAIL M WHITFIELD

Office: 4934 W HIGHWAY 290

City

AUSTIN

State

TX

ZIP Code

78735

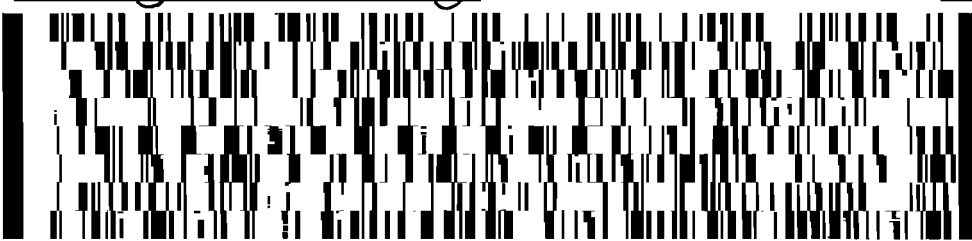
Blacken circle if you need forms to change the registered agent or registered office information.

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

Signature: Gail M Whitfield, Title: Manager, Date: 11/13/12, Area code and phone number: (512) 476-9900

Texas Comptroller Official Use Only



VE/DE PIR IND





**Forfeiture pursuant to Section 171.309 of the Texas Tax Code
of
Harper Park Two, LP**

File Number : 800810833

Certificate / Charter forfeited : February 08, 2013

The Secretary of State finds that:

1. The Secretary has received certification from the Comptroller of Public Accounts under Section 171.302 of the Texas Tax Code indicating that there are grounds for the forfeiture of the taxable entity's charter, certificate or registration; and
2. The Comptroller of Public Accounts has determined that the taxable entity has not revived its forfeited privileges within 120 days after the date that the privileges were forfeited.

Therefore, pursuant to Section 171.309 of the Texas Tax Code, the Secretary of State hereby forfeits the charter, certificate or registration of the taxable entity as of the date noted above and records this notice of forfeiture in the permanent files and records of the entity.



A handwritten signature in black ink, appearing to read "John Steen".

John Steen
Secretary of State



Office of the Secretary of State
Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697
(Form 801)

Filed in the Office of the
Secretary of State of Texas
Filing #: 800810833 10/14/2013
Document #: 509548460002
Image Generated Electronically
for Web Filing

**APPLICATION FOR REINSTATEMENT AND
REQUEST TO SET ASIDE REVOCATION OR FORFEITURE**

1. File Number: **800810833**
2. The name of the entity is: **Harper Park Two, LP**
3. The taxpayer identification number is: **32035024929**
4. The entity named above was forfeited or its authority to transact business in Texas was revoked on 02/08/2013 for the following reason:
Failure to file a franchise tax return and/or pay state franchise tax.
5. The entity has corrected the default and has paid all fees, taxes, and penalties due.
6. The entity applies for reinstatement and requests that the Secretary of State set aside the forfeiture of the Texas entity or the revocation of the foreign entity's authority, to transact business in Texas, as applicable.
7. Attachment: **Harper Park Tax Clearance.pdf**
8. Execution: The undersigned signs this document subject penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: **October 14, 2013**

By **Gail M Whitfield**
General Partner

FILING OFFICE COPY

TEXAS COMPTROLLER *of* PUBLIC ACCOUNTS

WWW.WINDOW.STATE.TX.US



October 9, 2013

HARPER PARK TWO, LP
901 S MO PAC EXPY STE 1-160
AUSTIN TX 78746-5853

TAX CLEARANCE LETTER FOR REINSTATEMENT*

To: Texas Secretary of State
Corporation Section

Re: HARPER PARK TWO, LP
Taxpayer number: 32035024929
File number: 0800810833

The referenced entity has met all franchise tax requirements and is eligible for reinstatement through 05/15/2014.

Miguel Zaldivar
2h17
Enforcement Division
512-463-4865

****The reinstatement must be filed with the Texas Secretary of State on or before the expiration date of this letter. After this date, additional franchise tax filing requirements must be met, and a new request for tax clearance must be submitted.***

You can file for reinstatement online at www.sos.state.tx.us/corp/sosda/index.shtml. Forms and instructions for reinstatement are available at http://www.sos.state.tx.us/corp/forms_option.shtml or by calling 512-463-5582. This tax clearance letter must be attached to the reinstatement forms.

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements



05-102
(Rev. 9-11/30)

Code 13196 Franchise

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 2 | 0 | 3 | 1 | 4 | 5 | 1 | 3 | 2 | 4 |
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| 2 | 0 | 1 | 3 |
|---|---|---|---|

| | | | | | | | |
|---|--|--------------------|--|--|--|--------|--|
| Taxpayer name HP TWO-GP, LLC | | | | Secretary of State (SOS) file number or Comptroller file number 0800810583 | | | |
| Mailing address 901 S MO PAC EXPY STE 1-160 | | | | | | | |
| City AUSTIN | | State TX | | ZIP Code 78746 | | Plus 4 | |

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

| |
|---|
| Principal office 901 S MO PAC EXPY STE 1-160, AUSTIN, TX |
| Principal place of business 901 S MO PAC EXPY STE 1-160, AUSTIN, TX |

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



SECTION A Name, title and mailing address of each officer, director or manager.

3203145132413

| | | | |
|---|-------------------------|---------------------------------------|--------------------------------|
| Name GAIL M WHITFIELD | Title MANAGER | Director <input type="radio"/> YES | Term expiration m m d d y y |
| Mailing address 901 S MO PAC EXPY STE 1-160, AUSTIN, T. | City AUSTIN | State TX | ZIP Code 78746 |
| Name | Title | Director <input type="radio"/> YES | Term expiration m m d d y y |
| Mailing address | City | State | ZIP Code |
| Name | Title | Director <input type="radio"/> YES | Term expiration m m d d y y |
| Mailing address | City | State | ZIP Code |

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

| | | | |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

| | | | |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
|---|--------------------|-------------------------------|-------------------------|

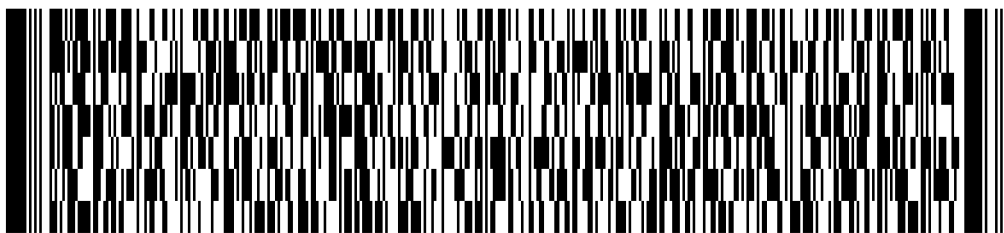
| | | | | | | | |
|--|--|-----------------------|--|---|--|--------------------------|--|
| Registered agent and registered office currently on file. (see instructions if you need to make changes) | | | | ● Blacken circle if you need forms to change the registered agent or registered office information. | | | |
| Agent: GAIL M. WHITFIELD | | | | | | | |
| Office: 4934 W. HIGHWAY 290 | | City AUSTIN | | State TX | | ZIP Code 78735 | |

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

| | | | |
|---------------------------------|----------------------------|---------------------------|-------------------------------------|
| sign here Claud McMordie | Title Electronic | Date 11-01-2013 | Area code and phone number () - |
|---------------------------------|----------------------------|---------------------------|-------------------------------------|

Texas Comptroller Official Use Only



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