Secretary of State	L	.P-5				
Application for Registration	1		Secretar	y of	Stat	e
Foreign Limited Partnership	o (LP)		State of			
Settinoani						
IMPORTANT — Read Instructions before completing this form.			202116900005			
Foreign Certificate of Good Standing is required. See Instructions.			Filing Number			
Filing Fee – \$70.00			06/17/2021			
Copy Fees – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00			Filing Date			
Note: Registered LPs in California may have to pay minin California Franchise Tax Board each year. For more https://www.ftb.ca.gov.			Above Space I	For Office	Use Onl	y
1. Name of Foreign LP (See Instructions - Only enter an all	lernate name if	the foreign LP nan	ne in Item 1a is not avail	able in CA.)	
1a. Enter the Exact Name of the Foreign LP (as listed on the Certifi Good Standing.) HGIT Activity Road LP	icate of 1	b. Enter the Altern	nate Name to be Used ir	n California,	if require	d.
2. LP History (See Instructions – Ensure that the formation da	ate and jurisdic	tion match the atta	ched Certificate of Goo	d Standing.)	
2a. Date LP was formed in home jurisdiction (MM/DD/YYYY)	2b. Jurisdictio	on (State, foreign o	country or place where the	nis LP is for	med.)	
06 / 01 / 2021	Delaware					
3. Business Addresses (Enter the complete business add	dresses. Items	3a and 3b cannot	be a P.O. Box or "in car	e of' an ind	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box		City (no abbreviations)		State	Zip Coo	
2800 Post Oak Blvd., Suite 4800		Houston		TX	77375	
 Mailing Address of Principal Office, if different than item 3a 		City (no abbreviations)		State	Zip Code	
Address of required office in Jurisdiction of Formation, if any		City (no abbreviations)		State	Zip Code	
 Service of Process (Must provide either Individual OR C INDIVIDUAL – Complete Items 4a and 4b only. Must include a 		ne and California s	treet address.			
a. California Agent's First Name (if agent is not a corporation)		Middle Name Last Name		Su		Suffix
Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no abbreviations)		State CA	Zip Code	
CORPORATION - Complete Item 4c only. Only include the na	~					
c. California Registered Corporate Agent's Name (if agent is a corporati C T Corporation System	ion) – Do hot coi	mplete item 4a or 4	D			
5. General Partners (Enter the name and addresses of all the	an Conoral Part	nors Attach addit	ional nados, if nacossar	¥.)		
5a. General Partner's Name HGIT Activity Road GP LLC	le General Part	ners. Allach audi	ional pages, il necessar	¥-/		
5b. General Partner's Address 2800 Post Oak Blvd., Suite 4800		City (no abbreviations) Houston		State TX	Zip Code 77375	
6. Foreign Limited Liability Limited Partnership (C)	heck this box o	nly if applicable)				
Check this box if the foreign limited partnership is a fore	o 100 035 Martin	antas tale a sa na 🖂	nership.			
All attachments are part of this document. I declare that deed. I further declare the information is true and correct				, which is	my act	and
ANA COL		Gordon Findla	y, Manager of HGIT	Activity	Road C	P LL
General Partner's Signature 300E3474		Type or F	Print Name			

LP-5 (REV 1/2018)

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HGIT ACTIVITY ROAD LP" 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 SEVENTH DAY OF JUNE, A.D. 2021.

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



cretary of State

Authentication: 203381490 Date: 06-07-21

5961253 8300

SR# 20212372353 You may verify this certificate online at corp.delaware.gov/authver.shtml

202116900005