

**ARTICLE FIVE**

The company is to be managed by two managers The names and addresses of the initial Managers, who are to serve until the first annual meeting of members or until their successor is duly elected, are

Stephen A Mendel  
19419 Kessington Lane  
Houston, Texas 77094

Kathryn A Mendel  
19419 Kessington Lane  
Houston Texas 77094

**ARTICLE SIX**

The name and address of the Organizer is

Marilyn S Hershman  
408 W 17th Street, Suite 101  
Austin, Texas 78701-1207  
(512) 474-2002

IN WITNESS WHEREOF I have hereunto set my hand this 30th day of April 1997

*Marilyn S Hershman*  
Marilyn S Hershman, Organizer

**ARTICLES OF ORGANIZATION  
OF  
GOLDEN YORKSHIRE GROUP, L L C**

**FILED**  
In the Office of the  
Secretary of State of Texas  
**MAY 0 1 1997**  
Corporations Section

**ARTICLE ONE**

The name of the limited liability company is **GOLDEN YORKSHIRE GROUP L L C**

**ARTICLE TWO**

The period of its duration is perpetual

**ARTICLE THREE**

The purpose for which the Company is organized is the transaction of any and all lawful business for which a limited liability company may be organized under the Texas Limited Liability Company Act

**ARTICLE FOUR**

The street address of its initial Registered Office and the name of its initial Registered Agent at this address, is as follows

Stephen A Mendel  
19419 Kessington Lane  
Houston Texas 77094

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**CERTIFICATE OF LIMITED PARTNERSHIP**  
**OF**  
**THE MENDEL LAW FIRM, L.P.**

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FILED  
In the Office of the  
Secretary of State of Texas

JAN 04 2002

Corporations Section

The undersigned General Partner, desiring to form a limited partnership (the "Partnership"), pursuant to Section 2.01 of the Texas Revised Limited Partnership Act ("the Act"), hereby duly executes this Certificate of Limited Partnership, to be effective as of the date of filing with the Secretary of State.

1. The name of the Partnership is THE MENDEL LAW FIRM, L.P.
2. The address of the Registered Office of the Partnership is 1155 Dairy Ashford, Suite 104, Houston, Texas 77079, and the name of the registered agent whose business office address will be the same as the registered office address is Stephen A. Mendel.
3. The address of the principal office of the Partnership in the United States where its partnership records are to be kept or made available under Section 1.07 of the Act is 1155 Dairy Ashford, Suite 104, Houston, Texas 77079.
4. The name and street address of the business or residence of each general partner of the Partnership is as follows:

Stephen A. Mendel, P.C.  
1155 Dairy Ashford, Suite 104  
Houston, Texas 77079

SIGNED on this the 4th day of January, 2002.

GENERAL PARTNER  
Stephen A. Mendel, P.C.

By: Marilyn S. Hershman  
Marilyn S. Hershman, as the duly  
appointed Attorney-in-Fact of the  
General Partner

Do not write in the space above

a. T Code  13196 Franchise  16196 Bank

**TEXAS FRANCHISE TAX  
PUBLIC INFORMATION REPORT**

MUST be filed with your Corporation Franchise Tax Report

Corporation name and address

Golden Yorkshire, L.L.C.  
19419 Kessington Lane  
Houston, TX 7709

c. Taxpayer identification number ■ 1-76-0536359-1	d. Report year ■ 2003
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e. PIR / IND <input type="checkbox"/> 2, 3, 4
Secretary of State file number or, if none, Comptroller unchartered number g. ■
Item k on Franchise Tax Report form, Page 1 0702580822 <input type="checkbox"/> 6

The following information MUST be provided for the Secretary of State (S.O.S.) by each corporation or limited liability company that files a Texas Corporation Franchise Tax Report. The information will be available for public inspection.

"SECTION A" MUST BE COMPLETE AND ACCURATE.

If preprinted information is not correct, please type or print the correct information.

*Please sign below!*

Blacken this circle completely if there are currently no changes to the information preprinted in Sections A, B, and C of this report.

Corporation's principal office 19419 Kessington Lane, Houston, TX 77094
Principal place of business 19419 Kessington Lane, Houston, TX 77094

**SECTION A.** Name, title and mailing address of each officer and director *Use additional sheets, if necessary.*

NAME	TITLE	DIRECTOR	Social Security No. (Optional)
S. Mendel	Manager	<input type="checkbox"/> YES	
MAILING ADDRESS			Expiration date(mm-dd-yyyy)
19419 Kessington Lane, Houston, TX 77094			
		<input type="checkbox"/> YES	
MAILING ADDRESS			Expiration date(mm-dd-yyyy)
		<input type="checkbox"/> YES	
MAILING ADDRESS			Expiration date(mm-dd-yyyy)
		<input type="checkbox"/> YES	
MAILING ADDRESS			Expiration date(mm-dd-yyyy)
		<input type="checkbox"/> YES	
MAILING ADDRESS			Expiration date(mm-dd-yyyy)

**SECTION B.** List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation *Use additional sheets, if necessary.*

Name of owned (subsidiary) corporation	State of incorporation	Texas S.O.S. file number	Percentage Interest

**SECTION C.** List each corporation or limited liability company, if any, that owns an interest of ten percent (10%) or more in this reporting corporation or limited liability company. Enter the information requested for each corporation or limited liability company *Use additional sheets, if necessary.*

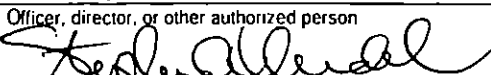
Name of owning (parent) corporation	State of incorporation	Texas S.O.S. file number	Percentage Interest

Registered agent and registered office currently on file *(Changes must be filed separately with the Secretary of State.)*

Agent: Stephen A. Mendel  
Office: 19419 Kessington Lane, Houston, TX 77094

Blacken this circle if you need forms to change this information.

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

sign here 	Officer, director, or other authorized person	Title Manager	Date 04/27/2003	Daytime phone (Area code and number) 281-492-6091
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3333

b. ■

05059181501

a. T Code ■ 13196


Do not write in the space above

**TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT**

MUST be filed to satisfy franchise tax requirements

c. Taxpayer identification number ■ 1-76-0536359-1	d. Report year ■ 2004
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Corporation name and address

  
 GOLDEN YORKSHIRE GROUP L L C  
 19419 KESSINGTON LN  
 HOUSTON TX 77094-3444  
**CBRO452 9328**  
**2H31 2/3/05**

e. PIR / IND ■  1, 2, 3, 4

Secretary of State file number or, if none, Comptroller unchartered number

g. ■

Item k on Franchise Tax Report, Form 05-142 0702580822 6

If the preprinted information is not correct, please type or print the correct information.

The following information MUST be provided for the Secretary of State (SOS) by each corporation or limited liability company that files a Texas Corporation Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.



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

**Please sign below!** Officer and director 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 and directors change throughout the year.

Corporation's principal office

Principal place of business

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

<b>NAME:</b> S MENDEL	<b>TITLE:</b> MANAGER	<b>DIRECTOR:</b> <input checked="" type="checkbox"/> YES	<b>Term expiration (mm-dd-yyyy)</b>
<b>MAILING ADDRESS:</b> 19419 KESSINGTON LANE HOUSTON, TX 77094			
<b>NAME:</b>	<b>TITLE:</b>	<b>DIRECTOR:</b> <input type="checkbox"/> YES	<b>Term expiration (mm-dd-yyyy)</b>
<b>MAILING ADDRESS:</b>			
<b>NAME:</b>	<b>TITLE:</b>	<b>DIRECTOR:</b> <input type="checkbox"/> YES	<b>Term expiration (mm-dd-yyyy)</b>
<b>MAILING ADDRESS:</b>			
<b>NAME:</b>	<b>TITLE:</b>	<b>DIRECTOR:</b> <input type="checkbox"/> YES	<b>Term expiration (mm-dd-yyyy)</b>
<b>MAILING ADDRESS:</b>			
<b>NAME:</b>	<b>TITLE:</b>	<b>DIRECTOR:</b> <input type="checkbox"/> YES	<b>Term expiration (mm-dd-yyyy)</b>
<b>MAILING ADDRESS:</b>			

**SECTION B. List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation or limited liability company.**

Name of owned (subsidiary) corporation	State of incorporation	Texas SOS file number	Percentage Interest
Name of owned (subsidiary) corporation	State of incorporation	Texas SOS file number	Percentage Interest

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

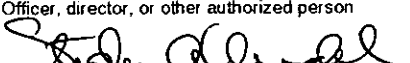
Name of owning (parent) corporation	State of incorporation	Texas SOS file number	Percentage Interest
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Registered agent and registered office currently on file. (See instructions if you need to make changes.)

Agent: STEPHEN A MENDEL  
Office: 19419 KESSINGTON LANE  
HOUSTON, TX 77094

Blacken this circle if you need forms to change this information. Changes can also be made on-line at <http://www.sos.state.tx.us/corp/sosda/index.shtml>

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 or director and who is not currently employed by this corporation or limited liability company or a related corporation.

<b>sign here</b> 	Officer, director, or other authorized person MANAGER	Title	Date 1/4/05	Daytime phone (Area code and number) 281-492-6091
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05-102  
(9-04/23)

3333

b. ■

05133192061

a. T Code ■ 13196

This report MUST be filed to satisfy franchise tax requirements

Do not write in the space above

# TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

c. Taxpayer identification number 1-76-0536359-1	d. Report year 2005
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Corporation name and address

**GOLDEN YORKSHIRE GROUP L L C**  
19419 KESSINGTON LN  
HOUSTON TX 77094-3444

e. PIR / IND  1  4

Secretary of State file number or, if none, Comptroller unchartered number  
g. ■ 0702580822

Item k on Franchise Tax Report, Form 05-142



If the preprinted information is not correct, please type or print the correct information.

The following information MUST be provided for the Secretary of State (SOS) by each corporation or limited liability company that files a Texas Corporation Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

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

**Please sign below!** Officer and director 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 and directors change throughout the year.

Corporation's principal office

Principal place of business

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

NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
S MENDEL	MANAGER	<input type="checkbox"/> YES	
MAILING ADDRESS: 19419 KESSINGLON LANE HOUSTON, TX 77094			
K. MENDEL	MANAGER	<input type="checkbox"/> YES	
MAILING ADDRESS: 19419 KESSINGTON LANE, HOUSTON TX 77094			
		<input type="checkbox"/> YES	
		<input type="checkbox"/> YES	
		<input type="checkbox"/> YES	
		<input type="checkbox"/> YES	

### SECTION B. List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation or limited liability company.

Name of owned (subsidiary) corporation	State of incorporation	Texas SOS file number	Percentage Interest

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

Name of owning (parent) corporation	State of incorporation	Texas SOS file number	Percentage Interest

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

Agent: **STEPHEN A MENDEL**  
Office: **19419 KESSINGTON LANE  
HOUSTON, TX 77094**

Blacken this circle if you need forms to change this information. Changes can also be made on-line at <http://www.sos.state.tx.us/corp/sosda/index.shtml>

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 or director and who is not currently employed by this corporation or limited liability company or a related corporation.

sign here	Officer, director, or other authorized person Title: <b>MANAGER</b>	Date: <b>5/9/05</b>	Daytime phone (Area code and number) <b>281.492.6091</b>
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0359906

**Form 401**  
**(Revised 05/11)**  
Submit in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512/463-5709  
**Filing Fee: See instructions**

This space reserved for office use.



**Statement of Change of  
Registered Office/Agent**

**FILED**  
**In the Office of the**  
**Secretary of State of Texas**  
**SEP 21 2012**  
**Corporations Section**

**Entity Information**

1. The name of the entity is:

Golden Yorkshire Group, L.L.C.

*State the name of the entity as currently shown in the records of the secretary of state.*

2. The file number issued to the filing entity by the secretary of state is: 702580822

3. The name of the registered agent as currently shown on the records of the secretary of state is:

Stephen A. Mendel

*Registered Agent Name*

The address of the registered office as currently shown on the records of the secretary of state is:

19419 Kessington Ln.

Houston

TX 77094

*Street Address*

*City*

*State Zip Code*

**Change to Registered Agent/Registered Office**

4. The certificate of formation or registration is modified to change the registered agent and/or office of the filing entity as follows:

Registered Agent Change

(Complete either A or B, but not both. Also complete C if the address has changed.)

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

**OR**

B. The new registered agent is an individual resident of the state whose name is:

*First Name*

*M.I.*

*Last Name*

*Suffix*

Registered Office Change

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

1155 Dairy Ashford, Suite 104

Houston

TX 77079

*Street Address (No P.O. Box)*

*City*

*State Zip Code*

The street address of the registered office as stated in this instrument is the same as the registered agent's business address.



### Statement of Approval

The change specified in this statement has been authorized by the entity in the manner required by the BOC or in the manner required by the law governing the filing entity, as applicable.

#### Effectiveness of Filing (Select either A, B, or C.)

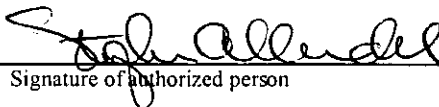
- A.  This document becomes effective when the document is filed by the secretary of state.
- B.  This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: \_\_\_\_\_
- C.  This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is: \_\_\_\_\_

The following event or fact will cause the document to take effect in the manner described below:

### Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date: September 18, 2012



\_\_\_\_\_  
Signature of authorized person

Stephen A. Mendel

\_\_\_\_\_  
Printed or typed name of authorized person (see instructions)

# Texas Franchise Tax Public Information Report



Comptroller of Public Accounts FORM 05-102 (Rev.9-11/30)

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

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

■ **Tcode** 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.*

1 7 6 0 5 3 6 3 5 9 1

2 0 1 9

Taxpayer name <b>GOLDEN YORKSHIRE GROUP, L.L.C.</b>				Secretary of State (SOS) file number or Comptroller file number <b>0702580822</b>	
Mailing address <b>1155 DAIRY ASHFORD RD STE 104</b>					
City <b>HOUSTON</b>		State <b>TX</b>	ZIP Code <b>77079</b>	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 <b>1155 DAIRY ASHFORD RD, STE 104, HOUSTON, TX 77079</b>
Principal place of business <b>1155 DAIRY ASHFORD RD, STE 104, HOUSTON, TX 77079</b>

*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.

1760536359119

Name <b>KATHRYN A MENDEL</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration <table border="1" style="display: inline-table;"><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr><tr><td>1</td><td>2</td><td>3</td><td>1</td><td>2</td><td>0</td></tr></table>	m	m	d	d	y	y	1	2	3	1	2	0
m	m	d	d	y	y										
1	2	3	1	2	0										
Mailing address <b>1155 DAIRY ASHFORD, SUITE 104</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>												
Name <b>STEPHEN A MENDEL</b>	Title <b>SECRETARY</b>	Director <input type="radio"/> YES	Term expiration <table border="1" style="display: inline-table;"><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr><tr><td>1</td><td>2</td><td>3</td><td>1</td><td>2</td><td>0</td></tr></table>	m	m	d	d	y	y	1	2	3	1	2	0
m	m	d	d	y	y										
1	2	3	1	2	0										
Mailing address <b>1155 DAIRY ASHFORD, SUITE 104</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>												
Name <b>STEPHEN A MENDEL</b>	Title <b>PRESIDENT</b>	Director <input type="radio"/> YES	Term expiration <table border="1" style="display: inline-table;"><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr><tr><td>1</td><td>2</td><td>3</td><td>1</td><td>2</td><td>0</td></tr></table>	m	m	d	d	y	y	1	2	3	1	2	0
m	m	d	d	y	y										
1	2	3	1	2	0										
Mailing address <b>1155 DAIRY ASHFORD, SUITE 104</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>												

**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
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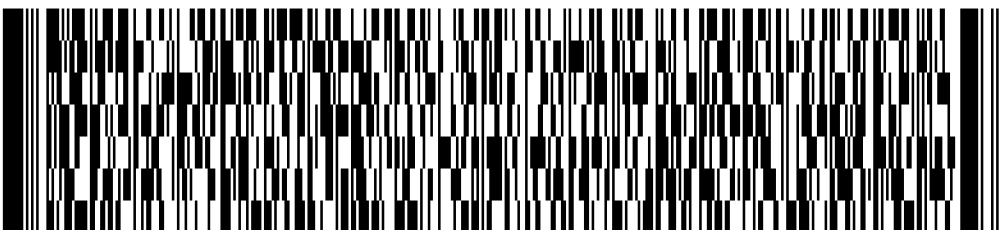
Registered agent and registered office currently on file. (see instructions if you need to make changes)				<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.	
Agent: <b>STEPHEN A MENDEL</b>					
Office: <b>1155 DAIRY ASHFORD, STE 104</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>		

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 <b>Ronald F Konicek</b>	Title <b>Electronic</b>	Date <b>09-06-2019</b>	Area code and phone number <b>( 281 ) 772 - 3164</b>
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**Texas Comptroller Official Use Only**



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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# Texas Franchise Tax Public Information Report



Comptroller of Public Accounts FORM 05-102 (Rev. 9-11/30)

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

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

■ **Tcode** 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.*

1 7 6 0 5 3 6 3 5 9 1

2 0 1 9

Taxpayer name <b>GOLDEN YORKSHIRE GROUP, L.L.C.</b>				Secretary of State (SOS) file number or Comptroller file number <b>0702580822</b>	
Mailing address <b>1155 DAIRY ASHFORD RD STE 104</b>					
City <b>HOUSTON</b>		State <b>TX</b>	ZIP Code <b>77079</b>	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 <b>1155 DAIRY ASHFORD RD, STE 104, HOUSTON, TX 77079</b>
Principal place of business <b>1155 DAIRY ASHFORD RD, STE 104, HOUSTON, TX 77079</b>

*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.

1760536359119

Name	Title	Director	Term expiration	m	m	d	d	y	y
<b>STEPHEN A MENDEL</b>	<b>TREASURER</b>	<input type="radio"/> YES		1	2	3	1	2	0
Mailing address <b>1155 DAIRY ASHFORD, SUITE 104</b>		City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>					
<b>KATHRYN A MENDEL</b>	<b>MANAGER</b>	<input type="radio"/> YES		1	2	3	1	2	0
Mailing address <b>1155 DAIRY ASHFORD, SUITE 104</b>		City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>					
<b>STEPHEN A MENDEL</b>	<b>DIRECTOR</b>	<input checked="" type="radio"/> YES		1	2	3	1	2	0
Mailing address <b>1155 DAIRY ASHFORD, SUITE 104</b>		City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>					

**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

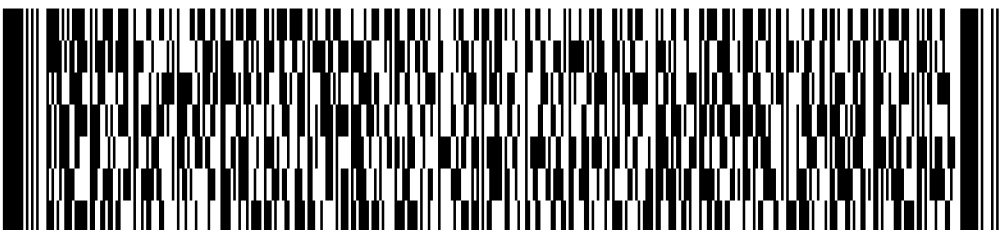
Registered agent and registered office currently on file. (see instructions if you need to make changes)				<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.			
Agent: <b>STEPHEN A MENDEL</b>							
Office: <b>1155 DAIRY ASHFORD, STE 104</b>		City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>			

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 <b>Ronald F Konicek</b>	Title <b>Electronic</b>	Date <b>09-06-2019</b>	Area code and phone number <b>( 281 ) 772 - 3164</b>
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**Texas Comptroller Official Use Only**



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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# Texas Franchise Tax Public Information Report



Comptroller of Public Accounts FORM 05-102 (Rev. 9-11/30)

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

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

■ **Tcode** 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.*

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Taxpayer name <b>GOLDEN YORKSHIRE GROUP, L.L.C.</b>				Secretary of State (SOS) file number or Comptroller file number <b>0702580822</b>	
Mailing address <b>1155 DAIRY ASHFORD RD STE 104</b>					
City <b>HOUSTON</b>		State <b>TX</b>	ZIP Code <b>77079</b>	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 <b>1155 DAIRY ASHFORD RD, SUITE 104, HOUSTON, TX 77079</b>
Principal place of business <b>1155 DAIRY ASHFORD RD, STE 104, HOUSTON, TX 77079</b>

*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.

1760536359120

Name	Title	Director	Term expiration	m	m	d	d	y	y
<b>GOLDEN YORKSHIRE GROUP, LLC</b>	<b>TREASURER</b>	<input type="radio"/> YES		<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>
Mailing address <b>19419 KESSINGTON LN.</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77094</b>						
<b>STEPHEN A MENDEL</b>	<b>PRESIDENT</b>	<input type="radio"/> YES		<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>
Mailing address <b>1155 DAIRY ASHFORD, SUITE 104</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>						
<b>STEPHEN A MENDEL</b>	<b>SECRETARY/TREASURER</b>	<input type="radio"/> YES		<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>
Mailing address <b>1155 DAIRY ASHFORD, SUITE 104</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>						

**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

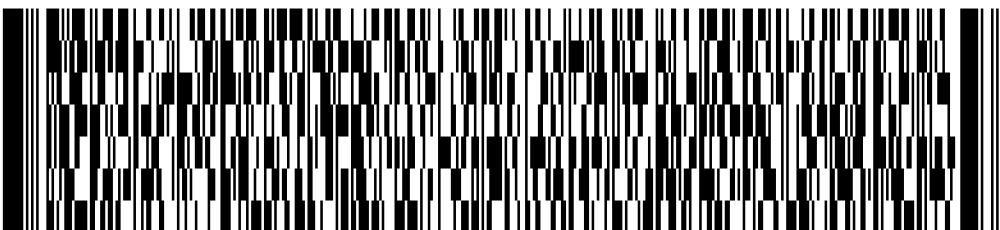
Registered agent and registered office currently on file. <i>(see instructions if you need to make changes)</i>				<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.	
Agent: <b>STEPHEN A MENDEL</b>					
Office: <b>1155 DAIRY ASHFORD, STE 104</b>		City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>	

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<b>sign here</b> <b>Ronald F Konicek</b>	Title <b>Electronic</b>	Date <b>06-16-2020</b>	Area code and phone number <b>( 281 ) 772 - 3164</b>
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VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Comptroller of Public Accounts FORM 05-102 (Rev.9-11/30)

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Tcode 13196 Franchise

Taxpayer number

Report year

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1 7 6 0 5 3 6 3 5 9 1

2 0 2 0

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Mailing address <b>1155 DAIRY ASHFORD RD STE 104</b>					
City <b>HOUSTON</b>		State <b>TX</b>	ZIP Code <b>77079</b>	Plus 4	

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*Please sign below!*

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

1760536359120

Name	Title	Director	Term expiration	m	m	d	d	y	y
<b>STEPHEN A MENDEL</b>	<b>DIRECTOR</b>	<input checked="" type="radio"/> YES		<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>
Mailing address <b>1155 DAIRY ASHFORD, SUITE 104</b>		City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>					
<b>KATHRYN A MENDEL</b>	<b>DIRECTOR</b>	<input checked="" type="radio"/> YES		<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>
Mailing address <b>1155 DAIRY ASHFORD, SUITE 104</b>		City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>					
<b>KATHRYN A MENDEL</b>	<b>VICE PRESIDENT</b>	<input type="radio"/> YES		<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>
Mailing address <b>1155 DAIRY ASHFORD, SUITE 104</b>		City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>					

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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.

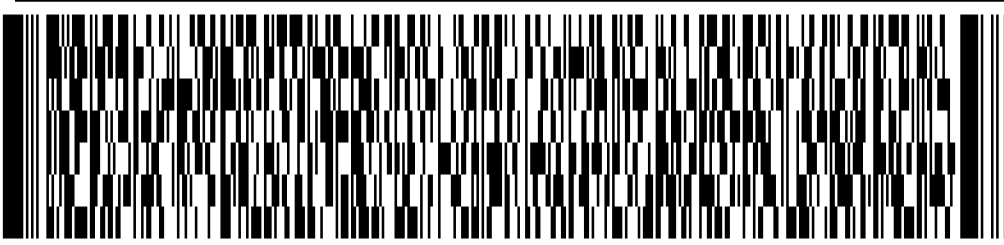
Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file. (see instructions if you need to make changes)				<input type="checkbox"/> Blacken circle if you need forms to change the registered agent or registered office information.			
Agent: <b>STEPHEN A MENDEL</b>							
Office: <b>1155 DAIRY ASHFORD, STE 104</b>		City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>			

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sign here <b>Ronald F Konicek</b>	Title <b>Electronic</b>	Date <b>06-16-2020</b>	Area code and phone number <b>( 281 ) 772 - 3164</b>

**Texas Comptroller Official Use Only**



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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# Texas Franchise Tax Public Information Report



Comptroller of Public Accounts FORM 05-102 (Rev. 9-11/30)

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

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

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■ Taxpayer number

■ Report year

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1 7 6 0 5 3 6 3 5 9 1

2 0 2 1

Taxpayer name <b>GOLDEN YORKSHIRE GROUP, L.L.C.</b>				Secretary of State (SOS) file number or Comptroller file number <b>0702580822</b>	
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City <b>HOUSTON</b>		State <b>TX</b>	ZIP Code <b>77079</b>	Plus 4	

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

1760536359121

Name	Title	Director	Term expiration	m	m	d	d	y	y
<b>STEPHEN A MENDEL</b>	<b>DIRECTOR</b>	<input checked="" type="radio"/> YES		<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>
Mailing address <b>19419 KESSINGTON LN.</b>		City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77094</b>					
<b>KATHRYN A MENDEL</b>	<b>DIRECTOR</b>	<input type="radio"/> YES		<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>
Mailing address <b>19419 KESSINGTON LN.</b>		City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77094</b>					
<b>STEPHEN A MENDEL</b>	<b>PRESIDENT</b>	<input type="radio"/> YES							
Mailing address <b>1155 DAIRY ASHFORD, SUITE 104</b>		City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>					

**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.

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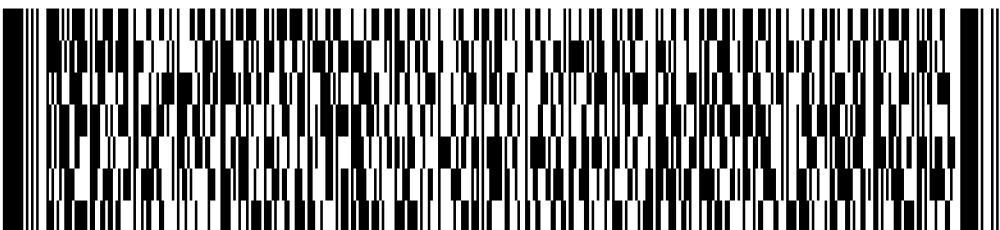
Registered agent and registered office currently on file. (see instructions if you need to make changes)				<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.			
Agent: <b>STEPHEN A MENDEL</b>							
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sign here <b>Ronald F Konicek</b>	Title <b>Electronic</b>	Date <b>09-11-2021</b>	Area code and phone number <b>( 281 ) 772 - 3164</b>
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VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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# Texas Franchise Tax Public Information Report



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

1760536359121

Name	Title	Director	Term expiration												
<b>KATHRYN A MENDEL</b>	<b>VICE PRESIDENT</b>	<input checked="" type="radio"/> YES	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>1</td><td>2</td><td>2</td> </tr> </table>	m	m	d	d	y	y	1	2	3	1	2	2
m	m	d	d	y	y										
1	2	3	1	2	2										
Mailing address <b>1155 DAIRY ASHFORD, SUITE 104</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>												
Name	Title	Director	Term expiration												
		<input type="radio"/> YES	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	m	m	d	d	y	y						
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Mailing address	City	State	ZIP Code												
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		<input type="radio"/> YES	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	m	m	d	d	y	y						
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.

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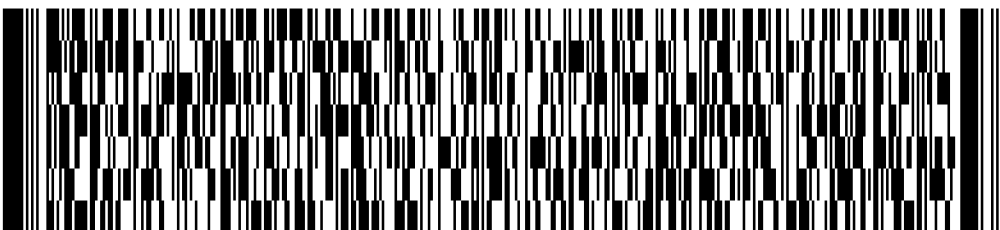
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Office: <b>1155 DAIRY ASHFORD, STE 104</b>		City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>	

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1760536359123

Name	Title	Director	Term expiration	m	m	d	d	y	y
<b>GOLDEN YORKSHIRE GROUP,</b>	<b>MANAGER/PRESIDENT</b>	<input type="radio"/> YES		<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>5</b>
Mailing address <b>19419 KESSINGTON LN.</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77094</b>						
<b>KATHRYN A. MENDEL</b>	<b>MANAGER/VICE PRESIDENT</b>	<input type="radio"/> YES		<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>5</b>
Mailing address <b>19419 KESSINGTON LN.</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77094</b>						
Name	Title	Director	Term expiration	m	m	d	d	y	y
		<input type="radio"/> YES							
Mailing address	City	State	ZIP Code						

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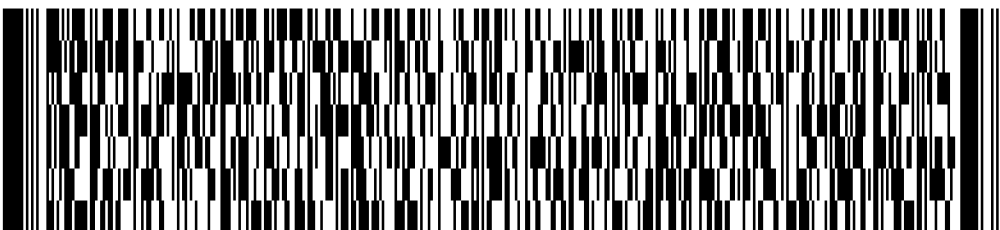
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VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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# SOSDirect Session Extended

## BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

**Filing Number:** 702580822  
**Original Date of Filing:** May 1, 1997  
**Formation Date:** N/A  
**Tax ID:** 17605363591  
**Duration:** Perpetual  
**Entity Type:** Domestic Limited Liability Company (LLC)  
**Entity Status:** In existence  
**FEIN:**  
**Name:** GOLDEN YORKSHIRE GROUP, L.L.C.  
**Address:** 1155 DAIRY ASHFORD RD STE 104  
 HOUSTON, TX 77079 USA

<a href="#">REGISTERED AGENT</a>	<a href="#">FILING HISTORY</a>	<a href="#">NAMES</a>	<a href="#">MANAGEMENT</a>	<a href="#">ASSUMED NAMES</a>	<a href="#">ASSOCIATED ENTITIES</a>	<a href="#">INITIAL ADDRESS</a>
	<b>Document Number</b> 7163186	<b>Filing Type</b> Articles Of Organization	<b>Filing Date</b> May 1, 1997	<b>Effective Date</b> May 1, 1997	<b>Eff. Cond</b> No	<b>Page Count</b> 2
	27143220001	Public Information Report (PIR)	December 31, 2002	February 15, 2003	No	1
	45345950001	Public Information Report (PIR)	December 31, 2003	October 18, 2003	No	1
	125069200001	Public Information Report (PIR)	December 31, 2005	April 12, 2006	No	1
	102440860001	Public Information Report (PIR)	December 31, 2005	September 3, 2005	No	1
	127167690001	Public Information Report (PIR)	December 31, 2005	April 25, 2006	No	1
	148643750001	Public Information Report (PIR)	December 31, 2006	October 22, 2006	No	1
	198091550001	Public Information Report (PIR)	December 31, 2007	January 2, 2008	No	1
	204538830001	Public Information Report (PIR)	December 31, 2007	February 21, 2008	No	1
	266869950001	Public Information Report (PIR)	December 31, 2008	July 15, 2009	No	1
	330853450001	Public Information Report (PIR)	December 31, 2009	September 25, 2010	No	1
	347391560001	Public Information Report (PIR)	December 31, 2010	December 23, 2010	No	1
	444850550002	Change of Registered Agent/Office	September 21, 2012	September 21, 2012	No	2
	454995930001	Public Information Report (PIR)	December 31, 2012	November 30, 2012	No	1
	558156790001	Public Information Report (PIR)	December 31, 2014	August 2, 2014	No	1
	616031290001	Public Information Report (PIR)	December 31, 2014	July 15, 2015	No	2
	623903210001	Public Information Report (PIR)	December 31, 2015	August 15, 2015	No	2
	734182520001	Public Information Report (PIR)	December 31, 2016	May 4, 2017	No	2
	886345360001	Public Information Report (PIR)	December 31, 2018	May 2, 2019	No	2
	950999600001	Public Information Report (PIR)	December 31, 2019	February 27, 2020	No	2

	1013111720001 Public Information Report (PIR)	December 31, 2020	December 12, 2020	No	2
	1123447450001 Public Information Report (PIR)	December 31, 2021	February 24, 2022	No	2
	1236451670001 Public Information Report (PIR)	December 31, 2022	April 7, 2023	No	1
	1329030630001 Public Information Report (PIR)	December 31, 2023	February 3, 2024	No	1

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**TEXAS SECRETARY of STATE**  
**JANE NELSON**

**BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY**

**Filing Number:** 702580822      **Entity Type:** Domestic Limited Liability Company (LLC)  
**Original Date of Filing:** May 1, 1997      **Entity Status:** In existence  
**Formation Date:** N/A  
**Tax ID:** 17605363591      **FEIN:**  
**Duration:** Perpetual  
  
**Name:** GOLDEN YORKSHIRE GROUP, L.L.C.  
**Address:** 1155 DAIRY ASHFORD RD STE 104  
HOUSTON, TX 77079 USA

<a href="#">REGISTERED AGENT</a>	<a href="#">FILING HISTORY</a>	<a href="#">NAMES</a>	<a href="#">MANAGEMENT</a>	<a href="#">ASSUMED NAMES</a>	<a href="#">ASSOCIATED ENTITIES</a>	<a href="#">INITIAL ADDRESS</a>
<b>Last Update</b>	<b>Name</b>	<b>Title</b>	<b>Address</b>			
February 3, 2024	GOLDEN YORKSHIRE GROUP,	MANAGER/PRESIDENT	19419 KESSINGTON LN. HOUSTON, TX 77094 USA			
February 3, 2024	KATHRRYN A. MENDEL	MANAGER/VICE PRESIDENT	19419 KESSINGTON LN. HOUSTON, TX 77094 USA			

**Instructions:**  
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# Texas Franchise Tax Public Information Report



Comptroller of Public Accounts  
FORM 05-102 (Rev. 9-11/30)

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

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

■ **Tcode** 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.*

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Taxpayer name <b>THE MENDEL LAW FIRM, L.P.</b>				Secretary of State (SOS) file number or Comptroller file number	
Mailing address <b>1155 DAIRY ASHFORD RD STE 104</b>					
City <b>HOUSTON</b>		State <b>TX</b>	ZIP Code <b>77079</b>	Plus 4	<b>0800043422</b>

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 <b>1155 DAIRY ASHFORD RD, STE 104, HOUSTON, TX 77079</b>
Principal place of business <b>1155 DAIRY ASHFORD RD STE 104, HOUSTON, TX 77079</b>

*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.

3203593468918

Name	Title	Director	Term expiration	m	m	d	d	y	y
<b>STEPHEN A MENDEL</b>	<b>MANAGING MEMBER</b>	<input checked="" type="radio"/> YES	1	2	3	1	2	0	
Mailing address <b>19419 KESSINGTON LANE</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77094</b>						
Name	Title	<input type="radio"/> YES							
Mailing address	City	State	ZIP Code						
Name	Title	<input type="radio"/> YES							
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

**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

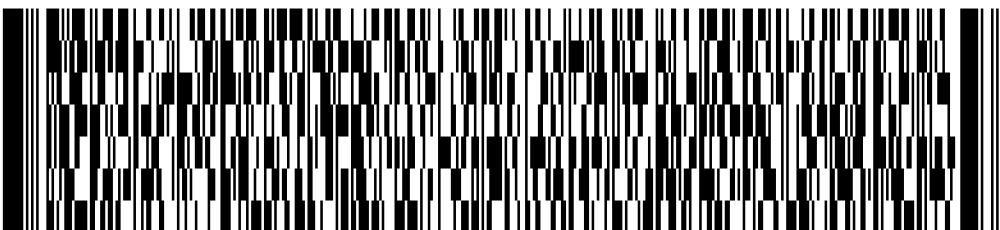
Registered agent and registered office currently on file. (see instructions if you need to make changes)				<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.	
Agent: <b>STEPHEN A. MENDEL</b>					
Office: <b>1155 DAIRY ASHFORD, SUITE 104</b>		City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>	

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 <b>Ronald F Konicek</b>	Title <b>Electronic</b>	Date <b>02-01-2019</b>	Area code and phone number <b>( 281 ) 772 - 3164</b>
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# Texas Franchise Tax Public Information Report



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Taxpayer name <b>THE MENDEL LAW FIRM, L.P.</b>				Secretary of State (SOS) file number or Comptroller file number <b>0800043422</b>	
Mailing address <b>1155 DAIRY ASHFORD RD STE 104</b>					
City <b>HOUSTON</b>		State <b>TX</b>	ZIP Code <b>77079</b>	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 <b>1155 DAIRY ASHFORD RD, SUITE 104, HOUSTON, TX 77079</b>
Principal place of business <b>1155 DAIRY ASHFORD RD, STE 104, HOUSTON, TX 77079</b>

*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.

3203593468920

Name	Title	Director	Term expiration	m	m	d	d	y	y
<b>GOLDEN YORKSHIRE GROUP, LLC</b>	<b>DIRECTOR</b>	<input checked="" type="radio"/> YES	1 2 3 1 2 2						
Mailing address <b>19419 KESSINGTON LN.</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77094</b>						
<b>STEPHEN A MENDEL</b>	<b>MANAGING MEMBER</b>	<input checked="" type="radio"/> YES	1 2 3 1 2 2						
Mailing address <b>1155 DAIRY ASHFORD, SUITE 104</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>						
Name	Title	<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

**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

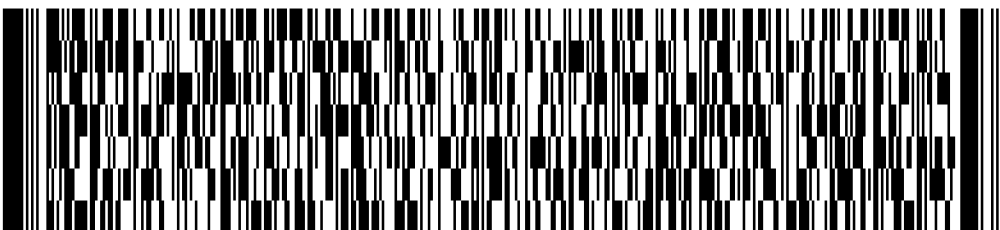
Registered agent and registered office currently on file. (see instructions if you need to make changes)				<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.	
Agent: <b>STEPHEN A. MENDEL</b>					
Office: <b>1155 DAIRY ASHFORD, SUITE 104</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>		

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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 <b>Ronald F Konicek</b>	Title <b>Electronic</b>	Date <b>07-11-2020</b>	Area code and phone number <b>( 281 ) 772 - 3164</b>
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# Texas Franchise Tax Public Information Report



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■ Report year

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3 2 0 3 5 9 3 4 6 8 9

2 0 2 1

Taxpayer name <b>THE MENDEL LAW FIRM, L.P.</b>				Secretary of State (SOS) file number or Comptroller file number <b>0800043422</b>	
Mailing address <b>1155 DAIRY ASHFORD RD STE 104</b>					
City <b>HOUSTON</b>		State <b>TX</b>	ZIP Code <b>77079</b>	Plus 4	

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Principal place of business <b>1155 DAIRY ASHFORD RD, STE 104, HOUSTON, TX 77079</b>

*Please sign below!*

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

3203593468921

Name	Title	Director	Term expiration												
<b>GOLDEN YORKSHIRE GROUP, LLC</b>	<b>GENERAL PARTNER</b>	<input type="radio"/> YES	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>1</td><td>2</td><td>2</td> </tr> </table>	m	m	d	d	y	y	1	2	3	1	2	2
m	m	d	d	y	y										
1	2	3	1	2	2										
Mailing address <b>19419 KESSINGTON LN.</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77094</b>												
Name	Title	Director	Term expiration												
		<input type="radio"/> YES	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	m	m	d	d	y	y						
m	m	d	d	y	y										
Mailing address	City	State	ZIP Code												
Name	Title	Director	Term expiration												
		<input type="radio"/> YES	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	m	m	d	d	y	y						
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

**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

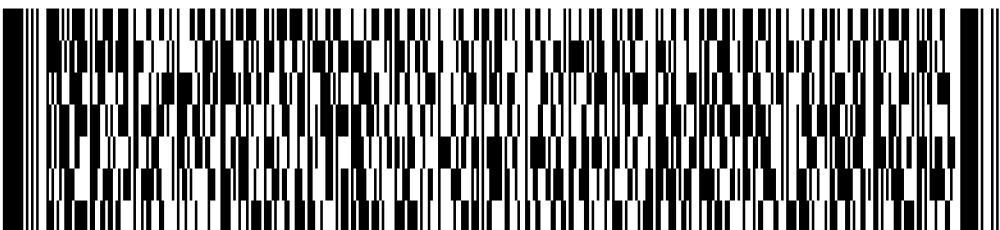
Registered agent and registered office currently on file. (see instructions if you need to make changes)				<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.	
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sign here <b>Ronald F Konicek</b>	Title <b>Electronic</b>	Date <b>09-11-2021</b>	Area code and phone number <b>( 281 ) 772 - 3164</b>
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# Texas Franchise Tax Public Information Report



Comptroller of Public Accounts FORM 05-102 (Rev. 9-11/30)

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■ Report year

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2 0 2 3

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Mailing address <b>1155 DAIRY ASHFORD RD STE 104</b>					
City <b>HOUSTON</b>		State <b>TX</b>	ZIP Code <b>77079</b>	Plus 4	

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Principal office <b>1155 DAIRY ASHFORD RD, SUITE 104, HOUSTON, TX 77079</b>
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**SECTION A** Name, title and mailing address of each officer, director or manager.

3203593468923

Name	Title	Director	Term expiration												
<b>GOLDEN YORKSHIRE GROUP, LLC</b>	<b>MANAGER/PRESIDENT</b>	<input type="radio"/> YES	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td><i>m</i></td><td><i>m</i></td><td><i>d</i></td><td><i>d</i></td><td><i>y</i></td><td><i>y</i></td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>1</td><td>2</td><td>5</td> </tr> </table>	<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>	1	2	3	1	2	5
<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>										
1	2	3	1	2	5										
Mailing address <b>19419 KESSINGTON LN.</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77094</b>												
Name	Title	Director	Term expiration												
		<input type="radio"/> YES	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td><i>m</i></td><td><i>m</i></td><td><i>d</i></td><td><i>d</i></td><td><i>y</i></td><td><i>y</i></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>						
<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>										
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Mailing address	City	State	ZIP Code												

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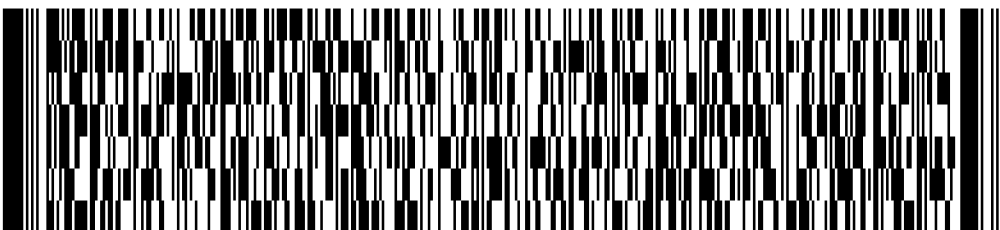
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Agent: <b>STEPHEN A. MENDEL</b>					
Office: <b>1155 DAIRY ASHFORD, SUITE 104</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77079</b>		

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sign here <b>Ronald F Konicek</b>	Title <b>Electronic</b>	Date <b>11-15-2023</b>	Area code and phone number <b>( 281 ) 772 - 3164</b>
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