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COVER LETTER

TO: Registration Section Division of Corpora				
Allegiant Utili	ty Services, Inc.			
SUBJECT:	Name of corporation	n - must include suffix		
Dear Sir or Madam:				
The enclosed "Application b "Certificate of Existence," <i>c</i> above referenced foreign co	or "Certificate of Good Sta	nding" and check are sub		
Please return all correspond Cindy Mudge	ence concerning this matte	er to the following:		
	Name of	Person	<u> </u>	
Allegiant Utility Services, Inc.				
	Firm/Cor	npany		
5413 Texas Bluebell Dr.				
	Addı	ress		
Spicewood, TX 78669				
	City/State	and Zip code	<u> </u>	
cmudge \widehat{w} allegiantutility services	res.com			
	-mail address: (to be used	for future annual report	notification)	
For further information con-	cerning this matter, please	call:		
Cindy Mudge	580 at (255-6567 x 402	255-6567 x 402	
Name of Person	Area Coo	de Daytime Telep	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the t	following amount:			
☐ \$70.00 Filing Fee ■	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certificate of Status & Certified Conv.	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Allegiant Utilit	y Services, Inc.			
(Enter name of	corporation: must include "INCORPORATED." [Corp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION	N	
(If name unavai	lable in Florida, enter alternate corporate name a	dopted for the purpose of transactir	ng business in Florida)	
Oklahoma		73-1501280		
(State or country under the law of which it is incorporated) 08/19/1996		(FEI number, if applicable)		
4. (Date of incorporation) 5.		(Date of duration, if other	(Date of duration, if other than perpetual)	
6				
_ 100 Cooperative	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15) Way, Georgetown, TX 78626	Florida, if prior to registration) 02, F.S., to determine penalty liabil	ity)	
/·		al office address)		
5413 Texas Blu	ebell Dr., Spicewood, TX 78669		\$7	
8. Name and stre	(Current mailing ret address of Florida registered agent: (P.O	g address, if different)). Box <u>NOT</u> acceptable)	TANG.	
Name:	InCorp Services, Inc.	<u></u>		
Office Address:	17888 67th Court North			
	Loxahatchee	, Florida	3	
	(City)	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Danielle Littlejohn on behalf of InCorp Services. Inc.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Address: 4744 Jamestown Ave Suite 200 Baton Rouge, La 70808 Vice Chairman: Address: Address: Director: **B. OFFICERS** President: Robert A. Bourgeois Address: 4749 James town Ave Sute 200 Baton Rougest Vice President: Jimmy A. Adams II W. Spencer Field Road 4744 James town Ave Suite 200 Boton Rouge, La 70808 Address: NOTE: If pecessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 13. Robert A. Bourgeois
(Typed or printed name and capacity of person signing application)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: __ Vice Chairman: Address: Address: __ **B. OFFICERS** Jeffrey DeVries President: 100 Cooperative Way, Georgetown, TX 78626 Address: ____ Vice President: Gien Brakner Secretary: 100 Cooperative Way, Georgetown, TX 78626 Address: Treasurer: _ Address: ____ NOTE: If necessarity you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

(Typed or printed name and capacity of person signing application)

Tom Schedler SECRETARY OF STATE

State of Louisiana Secretary of State



COMMERCIAL DIVISION 225.925.4704

Administrative Services
225.932.5317 Fax
Corporations
225.932.5314 Fax
Uniform Commercial Code
225.932.5318 Fax

07/24/2017

ROBERT A. BOURGEOIS 4744 JAMESTOWN AVENUE, SUITE 200 BATON ROUGE, LA 70808

DEAR SIR OR MADAM:

BUSINESS BROKERS OF LOUISIANA, INC.

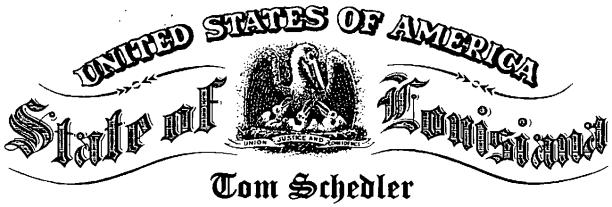
It has been a pleasure to provide you with a certificate for the above referenced.

Payment of the fee is acknowledged by this letter.

If we can be of further service at any time, please let us know.

Sincerely,

The Commercial Division SS 55



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

BUSINESS BROKERS OF LOUISIANA, INC.

A corporation domiciled in BATON ROUGE, LOUISIANA,

Filed charter and authorized to do business in this State on April 10, 2000,

I further certify that the records of this Office indicate the corporation has filed its most recent annual report with the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

I further certify that the corporation is not dissolved or terminated.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 21, 2017

Certificate ID: 10851122#TXB42

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos_la_gov

Secretary of State
NG 34922533D

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>ALLEGIANT UTILITY SERVICES, INC.</u> whose registered agent is <u>INCORP SERVICES, INC.</u>, with its registered office at <u>324 NORTH ROBINSON AVENUE SUITE 100 BRANIFF BUILDING OKLAHOMA CITY 73102 USA</u> Oklahoma is a <u>Domestic For Profit Business Corporation</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>2nd</u>, day of <u>June</u>, <u>2017</u>.

Secretary Of State