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(R	Requestor's Name)			
(A	ddress)			
A)	address)			
(C	City/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Na	me)		
(E	Pocument Number)		
Certified Copies	Certificate	s of Status		
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AUG 1 2012

T. HAMPTON

COVER LETTER

TO:

	ation Section n of Corporations		
SUBJECT:	Texican Natural Ga	s Company, LLC	
The enclosed "A Existence, and c	pplication by Foreign Limited Lia heck are submitted to register the	ability Company for Authorization above referenced foreign limited l	to Transact Business in Florida," Certificate of iability company to transact business in Florida
Please return all	correspondence concerning this n	natter to the following:	
	Rob Sellers	Name of Person	
	Texican Natural Gas C	Company, LLC Firm/Company	
	500 Dallas Street; O	ne Allen Center, Suite 1	150
		Address	
	Houston, TX 77002		
		City/State and Zip Code	
	rsellers@texican.c	om (to be used for future annual repo	rt notification)
For further infor	mation concerning this matter, ple		,
Juc	dy Jordan	at (713)	650-6579
	Name of Person	Area Code & Daytime Tele	phone Number
Divisio Registr P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following amo 0 Filing Fee \$\int_{\text{S130.00 Filing}}^{\text{\$130.00 Filing}}\$ Certificate of \$\text{S130.00}\$	Fee & \$\Bigcap\$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-

1.	Texican Natural Gas Company, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."	.")	
con	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copnsent of the managers or managing members adopting the alternate name. The alternate name must include "Limitompany," "L.L.C," "LLC.")	y of t	he written ability
2.	Texas Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-8762729 (FEI number, if applicable)		
4.	March 15, 2007 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cexist or "perpetual")	ease 1	0
6.	May 19, 2012 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		_
7.	500 Dallas Street; One Allen Center, Suite 1150		<u> </u>
	Houston, TX 77002 (Street Address of Principal Office)	2 Jul 3	SECRE IA
8.	If limited liability company is a manager-managed company, check here 🔽	AHI	25.150 25.050 0.370 0.370
9.	The name and usual business addresses of the managing members or managers are as follows: Texican Holdings, Inc.	-: -9	
	500 Dallas Street; One Allen Center, Suite 1150		
	Houston, TX 77002		
the trar	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custor jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language instation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Natural Gas Re	uage,	a
11	Signature of a member or an authorized representative of a member.		<u> </u>
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in		

A. Alan Griffin, Chief Financial Officer

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the	e Limited Liability Company is:	
Texican Na	atural Gas Company, LLC	
If unavailable, the a	alternate to be used in the state of Florida is:	
2. The name and th	he Florida street address of the registered agent and office are:	_
C	CT Corporation System	
	(Name)	
_1	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation FL 33324 City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Howard L. Volz Asst. Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

12 III 31 A411: 18

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Texican Natural Gas Company, LLC (file number 800787614), a Domestic Limited Liability Company (LLC), was filed in this office on March 15, 2007.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 30, 2012.



Hope Andrade Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 433949990003

Phone: (512) 463-5555 Prepared by: SOS-WEB