# M1500000 3010

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE TALL AHASSEF, FLORIDA

K. SALY EXMINITER JUL 20

### **COVER LETTER**

TO:

TO: Registration Division of	Section Corporations					
SUBJECT: BIG	OVERVE LLC	<del></del> .	• • •			
	Name of Foreig	ın Lim	ited Lia	bility	/ Comp	pany
Dear Sir or Madam:						
The enclosed applic	ation, certificate and fee(s)	are su	bmitted	for t	filing.	
Please return all cor	respondence concerning th	is matt	er to the	e foli	lowing:	
Harbor Compli	ance					
	Name of Person			_		
Harbor Compli	ance					
	Firm/Company			_		
48-50 W Ches	tnut St Ste 301					
	Address					
Lancaster, PA	17603					
	City/State and Zip Cod	е				
srini@orchard-	energy.com					
E-mail address: (	to be used for future annua	l repor	t notific	ation	1)	
For further informa	tion concerning this matter,	please	e call:			
Harbor Comp	liance	at (	717	ì	723-	-9317
	ne of Person		rea Coo	ie &	Daytin	ne Telephone Number
	OURIER ADDRESS:				MAIL	ING ADDRESS:
Registration						ration Section
	Corporations					on of Corporations
Clifton Buil						ox 6327
	tive Center Circle Florida 32301				Tallaha	assee, Florida 32314
Enclosed is a check	c for the following amoun	t:				
■ \$25 Filing Fee	\$30 Filing Fee &		\$55 Fili	ng Fe	ee &	□ \$60 Filing Fee,
	Certificate of Status		Certified			Certificate of Status & Certified Copy
CR2E055 (12/14)						

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

#### SECTION I (1-4 must be completed)

AMENDMEN		TE OF AUTHORITY TO T S IN FLORIDA	TRANSACT OF THE PARTY OF THE PA
	SECTION I (1-	4 must be completed)	TRANSACT AND THE STATE OF THE S
1. Name of limited	liability Company as it a	ppears on the records of the Flori	da Department of
State:B	IOVERVE LLC		<u> </u>
2. The Florida documen	t number of this limited I	iability company is: M150000	003010
3. Jurisdiction of its org	ganization:Delawa	re	
	business in Florida:		
	olete only the applicable		
5. New name of the lim	ited liability company:	Orchard Energy LLC oust contain "Limited Liability Company,"	"L.L.C.," or "LLC.")
consent of the managers or man Company," "L.L.C." or "LLC."  5. If amending the regis	aging members adopting the alter tered agent and/or registe	e of transacting business in Florida and atta- nate name. The alternate name must contain red office address on our records	"Limited Liability
	and/or the new registere	d office address here:	
Name of New Registere	d Agent:		<del></del>
New Registered Office	Address:	Enter Florida Street Address	
		, Flori	da
I hereby accept the appo comply with the provision duties, and I am familia	ons of all statutes relative r with and accept the obl 605, F.S. Or, if this docu	egistered Agent; ent and agree to act in this capac to the proper and complete perf igations of my position as registe ment is being filed to merely refl ne limited liability company has t	ormance of my red agent as ect a change in the

Fitle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			SECOND JE
			Semove
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			□ Remove
			Remove
			Add
			Remove

Filing Fee: \$25.00



e 1 dia di La Constanti di Cons I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "ORCHARD ENERGY LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED: CERTIFICATE OF FORMATION, FILED THE TENTH DAY OF FEBRUARY, A.D. 2014, AT 10:09 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "BIOVERVE LLC" TO "ORCHARD ENERGY LLC", FILED THE FOURTEENTH DAY OF APRIL, A.D. 2015, AT 2:55 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "ORCHARD ENERGY LLC".

Authentication: 202639634

Date: 07-12-16

State of Delaware Secretary of State Division of Corporations Delivered 10:27 AM 02/10/2014 FILED 10:09 AM 02/10/2014 SRV 140152285 - 5479236 FILE

#### **CERTIFICATE OF FORMATION**

OF

#### **BIOVERVE LLC**

(A Delaware Limited Liability Company)

First: The name of the limited liability company is: BIOVERVE LLC

<u>Second:</u> Its registered office in the State of Delaware is located at 16192 Coastal Highway, Lewes, Delaware 19958, County of Sussex. The registered agent in charge thereof is Harvard Business Services, Inc.

IN WITNESS WHEREOF, the undersigned, being fully authorized to execute and file this document have signed below and executed this Certificate of Formation on this 10th day of February, 2014.

Harvard Business Services, Inc., Authorized Person

By: Richard H. Bell, President

Richard S. Bouc

2016 JUL 18 AM IC 30
SECRETARY OF STATE
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2.

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:55 PM 04/14/2015
FILED 02:55 PM 04/14/2015
SRV 150508578 - 5479236 FILE

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of Lim	ited Liability Company: BIOV	ERVE LLC
The Certifica	te of Formation of the limited lie	ability company is hereby amen
	of the Company is being: " to better refelect	
		<i>y</i>
<u> </u>	<del></del>	
IN WITNESS the <sup>1</sup>	S WHEREOF, the undersigned day of April	have executed this Certificate (
ure -	P	nival Re
		Authorized Person(s)
	Name: SR	INIVAS Y RAO
		Print or Type

SECRETARY OF STATE