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SECRETARY OF STATE

APPHOVED
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FOR THE PARTY OF THE PARTY OF

14

### COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJ	ECT: ARFVA REVELIABLE Inc.  Name of Corporation – must include suffix	
Dear S	ir or Madam:	
"Certif	closed "Application by Foreign Not for Profit Corporation for Authorizatio icate of Existence", or "Cerificate of Good Standing" and check are submitt profit corporation to conduct its affairs in Florida.	
Please	return all correspondence concerning this matter to the following:	
	Aristelle BONNAUD Name of Person	
	AREVA Inc.	
	4800 Hampden Lane S.	ite 1100
	Address	
	Bethesdo 17D 20814 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification	om n)
For fur	ther information concerning this matter, please call:	
Br	Stelle RONAUD at (301) 841 17 Name of Person Area Code & Daytime Telep	
	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET/COUL New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314  Tallahassee, FL 32314	oorations Center Circle
Enclos	ed is a check for the following amount:	
<b>□</b> \$70	0.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

#### APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. AREVA REVEUABLE (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviati import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	ons of lil so contai	ke ned	
2. Defaurate 3. 6 157 037 (State or country under the law of which it is incorporated)  4. 9 17 2008 (Date of Incorporation)  5. Persetual (Duration: Year corp. will cease to exist or "pe	rpetual")	_	
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine per 7.   Leventer of Page Suite 210 (Principal office address)	nalty liał	oility.)	,
Philadelphia PA 19113 (Current mailing address)	SE	130 60	
(Purpose(s) of corporation anthorized in home state or country to be carried out in the state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	JHASSEE, FI	9	APHONIC BIOLINE
Name: <u>CT Corporation System</u> Office Address: <u>1200 South Pine Island</u> Road	STATE	PM 4: 30	Ċ
Pantatian, Florida 33324 (City) (Zip Code)			

10. 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.

Madonna Cuddihy

(Registered agent's signatur Special Assistant Secretary

11. 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS BESNAINOU Chairman: \_ V<del>ice Chairman:</del> Address: Director: PRIPER POUX **B. OFFICERS** President: \_ and(EO Address: Vice President: V/ Address: \_ Secretary: Antoine GENEVOIS Bellesda MD. 20814 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

rignature of Director or Officer listed in number 12 of the application)

14. A. GENEVOIS

## Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AREVA RENEWABLE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF OCTOBER, A.D. 2009.

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Jeffrey W. Bullock, Secretary of State AUTHENTACATION: 7576942

DATE: 10-12-09

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