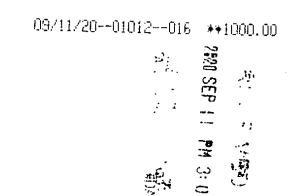
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9/14/20

FLORIDA FILING & SEARCH SERVICES, INC. 4

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

9/11/20

NAME:

KIRENAGA CLEAN LP

TYPE OF FILING: APPLICATION

COST:

1,000.00 - CHECK IS ATTACHED

RETURN: PLAIN COPY PLEASE

ACCOUNT: PCA000000015)

MUTHORIZATION: ABBIE/PAUL HODGE

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

I. KIRENAGA CLEAN LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. , DELAWARE State or Country of Formation Date of Formation 4. Federal Employer Identification Number: N/A 5. Name of Registered Agent for Service of Process and Florida Street Address: TERRANCE BERLAND 189 S. Orange Avenue, Suite 1400 Orlando, FL 32801 6. 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. 7. Principal Office: 8. Mailing Address: 189 S. Orange Avenue, Suite 1400 189 S. Orange Avenue, Suite 1400 Orlando, FL 32801 Orlando, FL 32801 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: ___ KIRENAGA CLEAN GP LLC Name of General Partner:_____ 189 S. Orange Avenue, Suite 1400 Street Address: Street Address: Orlando, FL 32801 Mailing Address: Mailing Address: Name of General Partner:______ Name of General Partner:____ Street Address: _____ Street Address:

Mailing Address: ______ Mailing Address: ______

Page 1 of 2

Name of General Partner:		Name of General Partner:	
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
Note: If the date inserted i	r than the date of filing: prior to nor more than 90 days after this block does not meet the app on the Department of State's recor	r the date this document is filed by licable statutory filing requirements ds.	the Florida Department of State.) s, this date will not be listed as the
	te, by the Secretary of State or other	not more than 90 days prior to the der official having custody of the ent	
Signed this 31st	day of August		0 - 1
	Diego	ON BELHALF OF KIRENAGA CI	LEAN GP LLC, GENERAL PARTNER
	Signal	ure di a veneral Dafther	

The individual signing this document affirms that the facts stated herein are true and the individual 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.

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KIRENAGA CLEAN LP" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE THIRTY-FIRST DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KIRENAGA CLEAN LP" WAS FORMED ON THE TWENTIETH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 203567118

Date: 08-31-20

6257549 8300 SR# 20207026773