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8. FRANKLIN FEB 1 7 2022

COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT: Facto	or Gas Liquids Inc.				
30bin.e1	Name (of corporation -	must include suffix		
Dear Sir or Madam	:				
"Certificate of Exis		of Good Standi	uthorization to Transac ng" and check are sub- in Florida.		
Please return all coi	rrespondence concerni	ing this matter to	o the following:		
Jennifer Rutledge					
		Name of Po	erson	<u>.</u>	<u></u>
Factor Gas Liquids In	nc.				~ 3
		Firm/Comp	any	. <u></u>	022
335 8th Ave SW, Sui	ite 710				2022 FEB
		Addres	s	ت ت پ	<u> </u>
Calgary, AB Canada	T2P 1C9			<u> </u>	<u>-p</u> .
jschofield@factorgas	· com	City/State and	l Zip code	, m	PH 4: 2
		s: (to be used for	r future annual report n	notification)	21
For further informa	tion concerning this m		-		
Jennifer Rutledge		at (328-8770		
Name of P	erson	Area Code	Daytime Telepl	hone Number	-
Registration Division of The Centre 2415 N. Me	COURIER ADDRES In Section Corporations of Tallahassee Income Street, Suite 810 Income Street, Su		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	for the following amonyable to: FLORIDA Dise	EPARTMENT O ig Fee & □	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filir Certificate (Certified Co	of Status &

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.

- "Inc" "Co" "C	orporation: must include "INCO orp," "Inc," "Co," or "Corp.")	RPORATED. "	COMPANY," "CORPORATION,		
	· · · · · · · · · · · · · · · · · · ·	 _			
		•	pted for the purpose of transacting		
Alberta, Canada	Alberta, Canada 3. 98-0427787 State or country under the law of which it is incorporated) (FEI number, if applicable)				
(State or countr	y under the law of which it is inc	rorporated)	(FEI number, if app	licable)	
September 1, 19	994 	5			
(Date	(Date of incorporation) 5		(Date of duration, if other th	nan perpetual)	
March 1, 2022					
			orida, if prior to registration) , F.S., to determine penalty liability	y)	
335 8th Avenue S	SW, Suite 710, Calgary, AB T2P				
	,	(Principal office g	street address)		
435 Polymoore I	Drive, Corunna, ON, Canada N01				
	(1	Current mailing a	ddress, if different)	22 F	7 (
				EB	-7
		4 . 45 45 41		· •	. 1.
. Name and stree	et address of Florida registered	d agent: (P.O. E	Box NOT acceptable)	∵, ⊸	•
	et address of Florida registered C T Corporation System	d agent: (P.O. E	Sox NOT acceptable)	7 P	1
Name:	C T Corporation System 1200 S Pine Island Rd #250		_	7 PH 4:5	
Name:	C T Corporation System 1200 S Pine Island Rd #250		_	2022 FEB -7 PM 4: 21	1
	C T Corporation System 1200 S Pine Island Rd #250		Florida 33324	7 PH 4:21	74
Name: Office Address:	C T Corporation System 1200 S Pine Island Rd #250 Plantation (City)		_	7 PH 4:21	74
Name: Office Address: Registered ag	C T Corporation System 1200 S Pine Island Rd #250 Plantation (City) ent's acceptance:		, Florida 33324(Zip code)	· , -	
Name: office Address: Registered againg been namesignated in this	C T Corporation System 1200 S Pine Island Rd #250 Plantation (City) ent's acceptance: ned as registered agent and to application, I hereby accept	accept service of the appointmen	, Florida 33324 , Florida (Zip code) of process for the above stated at as registered agent and agree	corporation at the period of the period of the period of the total of the company	olace rity.
Name: Office Address: Registered against been namesignated in this wither agree to c	C T Corporation System 1200 S Pine Island Rd #250 Plantation (City) ent's acceptance: ned as registered agent and to application, I hereby accept	accept service of the appointment all statutes rela	, Florida 33324 , Florida 33324 (Zip code) of process for the above stated at as registered agent and agree tive to the proper and complete	corporation at the period of the period of the period of the total of the company	olace rity.

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.

A. DIRECTORS			
□Chairman	Name:	□Chairman	Name: Barry Vosburg
□Vice Chairman	Address: 226 Pebble Beach Ct.	□Vice Chairman	Address: 572 Lakeshore Rd.
□Director	Sarnia, ON N7W 1C8	□Director	Sarnia, ON N7V 2S5
□President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	☐ Secretary	□Treasurer
■Other CFO	□Other	■Other <u>CEO</u>	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	□Secretary	Treasurer
□Other	Other	□Other	Other
□Chairman	Name:	□Chairman	Name: 25
□Vice Chairman	Address:		Address:
□Director		□Director	الدينية المستقد المستق
□President		□President	-D 11 11 11 11 11 11 11 11 11 11 11 11 11
□Vice President		□Vice President	77 5
□Secretary	□Treasurer	□ Secretary	□Treasurer
□Other	Other	□Other	Other
individuals may be	Use an attachment to report prove than six (6). The attached to the index when filling your Florida. Departme	chment will be image nt of State Annual Re	d for reporting purposes only. Non-indexed eport form.
12	Signature of Director o	r Officer	
The officer or direct she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number use information submitted in a document to the Departi	r 11 above) affirms th	at the facts stated herein are true and that he or nes a third degree felony as provided for in

206233843

CERTIFICATE OF STATUS

Form 32

I CERTIFY THAT ACCORDING TO THE OFFICIAL RECORDS OF THE CORPORATE REGISTRY

FACTOR GAS LIQUIDS INC. INCORPORATED IN ALBERTA ON 1994/09/01 IS AS OF THIS DATE A VALID AND SUBSISTING CORPORATION.

GIVEN UNDER MY SEAL OF OFFICE IN THE PROVINCE OF ALBERTA.

DATED: 2022/02/02

