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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M13000001092

1. Limited Liability Company's Name
LKL BLBD, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
44 Montgomery Road	12500 Baltimore Avenue
Suite, Apt. #, etc.: 2200	Suite, Apt. #, etc.:
City & State: San Francisco, CA	City & State: Beltsville, MD
Zip: / Country:	Zip: 20705 / Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: February 12, 2013

6. FEI Number: 32-0402543 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Kathryn A Williams Date: 1/20/15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Phelps Morris	13736 Riverport Drive, Suite 1000	Maryland Heights, MO 63043
AR	Kerleen O'Connor Stern	44 Montgomery Street, Suite 2200	San Francisco, CA 94104
AR	Sujay Parikh	12500 Baltimore Avenue	Beltsville, MD 20705
AR	Frank DeRosa	600 Clipper Drive	Belmont, CA 94002
AR	Mary Dufalia	44 Montgomery Street, Suite 2200	San Francisco, CA 94104
AR	Bill Rogrove	600 Clipper Drive	Belmont, CA 94002

11. E-mail Address: dgray@sunedison.com
(To be used for Mule annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0112, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 01/19/2015 Daytime Phone #: 443-909-7200

Typed or printed name of signing Authorized Representative/Manager: Sujay Parikh

FL110 - 01/02/2014 Wolters Kluwer CCH Inc

JAN 20 2015

M. WILLIAMS

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
LKL BLBD, LLC

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