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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cutlass Collieries LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Linda E. Sadler, Paralegal
Name of Person
Bailey & Glasser, LLP
Firm-Company
209 Capitol Street
Address
Charleston, WV 25301
City/State and Zip Code
lsadler@baileyglasser.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Linda Sadler 304 340-2280
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsiz \$125.00 \text{ Filing Fee} \Bigsiz \$130.00 \text{ Filing Fee & Certificate of Status} \Bigsiz \$155.00 \text{ Filing Fee & Certified Copy} \Bigsiz \$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy} \text{of Status & Certified Copy}

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATLITES. THE FOLLOWING IS SLIBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BLISINESS IN THE STATE OF FLORIDA:

1. Cutlass Collieries LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company,,,,,L.L.C.,, or	ii C
(Name of Foreign Limited Liability Company; must include "Limited Liability Company,,, "L.L.C.,, or	LLC.,,)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate nan Liability Company,, "L.L.C., or "LLC.,)	ne must include "Limited
2. Delaware 3. 45-5184151	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicab	ne)
company is organized) 4. N/A	TACE TO
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
_{5.} 3801 PGA Boulevard, Suite 903	PSS
Palm Beach Gardens, FL 33410	THU THE
(Street Address of Principal Office)	$\frac{-67}{97}$ ω
6. 3801 PGA Boulevard, Suite 903	5 -
Palm Beach Gardens, FL 33410	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to man	nage is/are:
John F. Dickinson, II, President of Cline Resource and Development Company, Manager of Cutlas	s Collieries LLC
3801 PGA Boulevard, Suite 903	
Palm Beach Gardens, FL 33410	
8. Attached is an original certificate of existence, no more than 90 days old, duly authentic having custody of records in the jurisdiction under the law of which it is organized. (A phacceptable. If the certificate is in a foreign language, a translation of the certificate under comust be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S.), the secution of this document constitutes an affirmation under the penalties of perjury that any false information submitted in a document to the Department of State constitutes a third degree felony as provided John F. Dickinson, II	otocopy is not path of the translator
Typed or printed name of signee	-

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is: Cutlass Collieries LLC				
If unavailable	the alternate to be used	d in the state of Florida is:		
2. The name	and the Florida street ac	ddress of the registered agent and office are:		
	Corporation Service C	ompany		
	(Name)			
	1201 Hays Street			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301		
	***************************************	City/State/Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Corporation Service Company	Emily Dray	Emily Gray			
Ву:	0 () ,			
(Signature)					

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

15 JAN 28 AH 9: 37
SECRETARY OF STATE
ANALYSEE, FLORIDA

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CUTLASS COLLIERIES LLC" 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 TWENTY-EIGHTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CUTLASS COLLIERIES LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2012.

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

5146236 8300

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Jeffrey W Bullock, Secretary of State AUTHENTICATION: 2074163

DATE: 01-28-15

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