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5/18/2015 2:51:09 PM From: To: 8506176383(1/5)
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

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Foreign Limited Liability Company
Enviva Partners GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

FILED
15 MAY 18 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
before
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15 MAY 18 PM 4:00
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TALLAHASSEE, FLORIDA

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WAPS/19/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Enviva Partners GP, 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:

Grant Munyon

Name of Person

Vinson & Elkins LLP

Firm/Company

666 Fifth Avenue, 26th Floor

Address

New York, NY 10103-0040

City/State and Zip Code

gmunyon@velaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Grant Munyon

Name of Contact Person

212

Area Code

237.0089

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:



☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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TALLAHASSEE, FLORIDA

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA.*

1. Enviva Partners GP, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

N/A

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 80-0959754

(FBI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, P.S. to determine penalty liability)

5. 7200 Wisconsin Ave Suite 1000, Bethesda, MD 20814

(Street Address of Principal Office)

6. 7200 Wisconsin Ave Suite 1000, Bethesda, MD 20814

Attn: William H. Schmidt, Jr.

(Mailing Address)

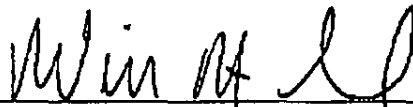
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Enviva MLP Holdco, LLC - sole member of the applicant

7200 Wisconsin Ave Suite 1000, Bethesda, Maryland 20814

Attn: William H. Schmidt, Jr.

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, P.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 812.03, P.S.)

William H. Schmidt, Jr.

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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.

1. The name of the Limited Liability Company is:

Enviva Partners GP, LLC

If unavailable, the alternate to be used in the state of Florida is:

N/A

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

33324

FL

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.

C T Corporation System

By:

(Signature)

Jayna Nickell
Asst. Secretary

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

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TALLAHASSEE, FLORIDA

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENVIVA PARTNERS GP, 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 APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENVIVA PARTNERS GP, LLC" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2013.

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

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ALLAHASSEE, FLORIDA

5430603 8300

150574149

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2327251

DATE: 04-28-15