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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

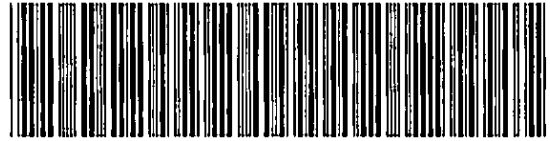
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N. CAUSSEAU

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COVER LETTER¹

**TO: Registration Section
Division of Corporations**

SUBJECT: Neptune Services, 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:

Gregory P. Bru, Esq.

Name of Person

Ambrecht Jackson LLP

Firm/Company

PO Box 290

Address

Mobile, AL 36601

City/State and Zip Code

taverett@nortonlilly.com

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

For further information concerning this matter, please call:

Gregory P. Bru, Esq.

251

405-1219

at (_____) _____

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:

☐ \$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

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

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

1. Neptune Services, LLC
(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 name must include "Limited Liability Company," "LLC," or "LLC.")

2. Alabama 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. One St. Louis Centre, Suite 5000 6. One St. Louis Centre, Suite 5000
(Street Address of Principal Office) (Mailing Address)
Mobile, AL 36602 Mobile, AL 36602

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

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 application, 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.

(Registered agent's signature)

Harry B. Davis
Asst. Vice President

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	<u>Flemming Buhl</u> <u>1 St. Louis Centre, Ste. 5000</u> <u>Mobile, AL 36602</u>	Manager	<u>Jeff Overstreet</u> <u>1 St. Louis Centre, Ste. 5000</u> <u>Mobile, AL 36602</u>
Manager	<u>Patricio Garcia</u> <u>1 St. Louis Centre, Ste. 5000</u> <u>Mobile, AL 36602</u>	Manager	<u>Tun Patrick Nyein</u> <u>3830 Euphrosine</u> <u>New Orleans, LA 70125</u>

(Use attachments if necessary) See Attachment for Additional Managers.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

Rachel Allen
Signature of an authorized person

Rachel Allen, Secretary of Norton Lilly International, Inc.

Typed or printed name of signee

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DIVISION OF CORPORATE & FINANCIAL SERVICES

Manager Westley T. West
3830 Euphrosine
New Orleans, LA 70125

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DIVISION OF CORPORATIONS
2018 APR -6 AM 8:20

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Neptune Services, LLC was formed in Montgomery County, Alabama on March 27, 2018. The Alabama Entity Identification number for this entity is 514-279. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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DIVISION OF CORPORATIONS
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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

04/02/2018

Date

A handwritten signature in cursive script that reads "John H. Merrill".

John H. Merrill

Secretary of State