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18 JUNIU BAHO: WT 2018 JUNIU AK 10: I

B FIGUEROA JUN 15 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 251319 / 7795130

AUTHORIZATION : Commence of the commence of th

COST LIMIT : \$ 125.00

ORDER DATE: June 11, 2018

ORDER TIME : 9:07 AM

ORDER NO. : 251319-015

CUSTOMER NO: 7795130

FOREIGN FILINGS

NAME: METRUS ENERGY-EXPRESS

4, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternat	e time adopted for the purpose of francacting business in	i Florida. The alternate name must include "Lami	ted Liability Company," "L.L.C." or "LLC.")
2 Delaware		3. 83-0768030	, , ,
(Jurishetion under the law of which foreign limited liability company is organized)			I number, if applicable)
4.			
	(Dute first transacted business in Florida, if pro (See sections 605 0904 & 605,0905, F.S. to det	r to registration.) termine penalty liability)	
5. 5 Third Street, Suite	822	6. same as Principal Off	ice
	Of Principal Office)		ng Address)
San Francisco, CA 9	4103	 -	· · · · · · · · · · · · · · · · · · ·
			
7 Namu and arrest add-	man of Clarida and in the company	. More III	201 8
7. Name and <u>sugget addr</u>	ess of Florida registered agent; (P.O. B	Box NOT acceptable)	걸流 드
Name:	Corporation Service Company		All KUL
Office Address	1201 Hays Street		Ma 🖅 🗐
	Tallahassee	17301	그 그 그 작목 😝 🗗
	(City)	Florida 32301	(ap code) (2) A (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Registered agent's acco	ptance:	·	(1) (2)
to comply with the provi	isions of all statutes relative to the prop ns of my position as registered agent. Corporation Service Company	per and complete performance of	my duties, and I am familiar with
to comply with the provi and accept the obligation	isions of all statutes relative to the proposition as registered agent. Corporation Service Company By: (Registrant agent)	Em Asst. V	o act in this capacity. I further agree my duties, and I am familiar with ily Croft ce President
to comply with the provi and accept the obligation	isions of all statutes relative to the proposition as registered agent. Corporation Service Company By:	Em Asst. V	o act in this capacity. I further agree my duties, and I am familiar with ily Croft ce President
to comply with the provi and accept the obligation 8. The name, title or ca	sions of all statutes relative to the proposition as registered agent. Corporation Service Company By: (Registrat) agent pacity and address of the person(s) who	Em ASST. V has/have authority to manage is/a	o act in this capacity. I further agree my duties, and I am familiar with ily Croft ice President
to comply with the provi and accept the obligation 8. The name, title or ca Title or Capacity:	pacity and address of the personal who Name and Address: Bob Hinkle Sistems of the personal way. Bos Hinkle S Third Street, Suite 822	has/have authority to manage is/a	o act in this capacity. I further agreed my duties, and I am familiar with ily Croft IV Croft
to comply with the provi and accept the obligation 8. The name, title or ca Title or Capacity:	sions of all statutes relative to the proposition as registered agent. Corporation Service Company By: Registered agent Registered agent Registered agent Address: Bob Hinkle	has/have authority to manage is/a	o act in this capacity. I further agreed my duties, and I am familiar with ily Croft Ce President are: Name and Address: Kendall Bodden
to comply with the provi and accept the obligation 8. The name, title or ca Title or Capacity:	pacity and address of the personal who Name and Address: Bob Hinkle Sistems of the personal way. Bos Hinkle S Third Street, Suite 822	has/have authority to manage is/a	o act in this capacity. I further agreed my duties, and I am familiar with ily Croft IV Croft
8. The name, title or ca Title or Capacity: President	pacity and address of the personal who Name and Address: Bob Hinkle 5 Third Street, Suite 822 San Francisco, CA 94103 Christopher Wasley 5 Third Street, Suite 822 5 Third Street, Suite 822	has/have authority to manage is/a	o act in this capacity. I further agreed my duties, and I am familiar with ily Croft IV Croft
8. The name, title or ca Title or Capacity: President CFO	pacity and address of the personal who Name and Address: Bob Hinkle 5 Third Street, Suite 822 San Francisco, CA 94103 Christopher Wasley 5 Third Street, Suite 822 San Francisco, CA 94103	has/have authority to manage is/a	o act in this capacity. I further agreed my duties, and I am familiar with ily Croft IV Croft
8. The name, title or ca Title or Capacity: President CFO (Use attachments if necessary)	pacity and address of the personal who Name and Address: Bob Hinkle 5 Third Street, Suite 822 San Francisco, CA 94103 Christopher Wasley 5 Third Street, Suite 822 San Francisco, CA 94103	has/have authority to manage is/a Title or Capacity: Vice President	o act in this capacity. I further agreed my duties, and I am familiar with ally Croft ICE President Are: Name and Address: Kendall Bodden 5 Third Street, Suite 822 San Francisco, CA 94103
8. The name, title or ca Title or Capacity: President CFO (Use attachments if nece)	pacity and address of the personal who Name and Address: Bob Hinkle 5 Third Street, Suite 822 San Francisco, CA 94103 Christopher Wasley 5 Third Street, Suite 822 San Francisco, CA 94103 cssary) c of existence, no more than 90 days of	has/have authority to manage is/a Title or Capacity: Vice President	o act in this capacity. I further agreed my duties, and I am familiar with ally Croft ICE President Are: Name and Address: Kendall Bodden 5 Third Street, Suite 822 San Francisco, CA 94103
8. The name, title or ca Title or Capacity: President CFO (Use attachments if nece)	pacity and address of the personal who Name and Address: Bob Hinkle 5 Third Street, Suite 822 San Francisco, CA 94103 Christopher Wasley 5 Third Street, Suite 822 San Francisco, CA 94103 cssary) e of existence, no more than 90 days of which it is organized. (If the certific	has/have authority to manage is/a Title or Capacity: Vice President	o act in this capacity. I further agreed my duties, and I am familiar with ally Croft ICE President Are: Name and Address: Kendall Bodden 5 Third Street, Suite 822 San Francisco, CA 94103
8. The name, title or ca Title or Capacity: President CFO (Use attachments if necessary and certificate and certificate artistic	pacity and address of the personal who Name and Address: Bob Hinkle 5 Third Street, Suite 822 San Francisco, CA 94103 Christopher Wasley 5 Third Street, Suite 822 San Francisco, CA 94103 cssary) e of existence, no more than 90 days of which it is organized. (If the certific	chas/have authority to manage is/a Title or Capacity: Vice President d. duly authenticated by the officicate is in a foreign language, a trail	o act in this capacity. I further agreed my duties, and I am familiar with ally Croft ICE President Are: Name and Address: Kendall Bodden 5 Third Street, Suite 822 San Francisco, CA 94103 all having custody of records in the aslation of the certificate under oath

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "METRUS ENERGY-EXPRESS 4, 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 ELEVENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "METRUS ENERGY-EXPRESS 4, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2018.

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

Authentication: 202859174

Date: 06-11-18