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# CT Corp.

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 8/10/2018

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Acc#120160000072

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Name:	New River RNG LLC		
Document #:			
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	(Thank you!)

### 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:

#### | New River RNG LLC

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(Name of Forcign	Limited Liability Company; must include "Limite	d Linbility Company," "L.L.C.," or "LLC	····)
(If name unavailable, enter alternate na	me adopted for the purpose of transpeting business in Flo	rida. The alternate name must include "Limited	Liability Company," "L. L. C." or "LLC.")
2. Delaware		3	uniber, if applicable)
(Jarisdiction inside the law of wh	ich foreign limited liability company is organized)	(FEL n	umber, il applicatie]
4. Upon qualification			
	(Date first transacted business in Florida, if prior to (Sea sections h05.0904 & 605.0905, F.S. to determine	registration.) for penalty liability)	10
5. One North Lexington	Avenue, 14th Floor	6. One North Lexington A	venue, 14th Floor
(Street Address of P	riacipal Office)	(Mailing	Address)
White Plains, NY 106	01	White Plains, NY 1060	
	is of Florida registered agent: (P.O. Box C T Corporation System	NOT acceptable)	venue, 14th Floor
Name:	C   Colporation System	<u></u>	REFE
Office Address:	1200 South Pine Island Road		P
	Plantation	, Florida <u>33324</u>	
	(City)	(Zi	p code)
designated in this applica to comply with the provis and accept the obligation	tance: splstered agent and to accept service of atlon, I hereby accept the appointment to lons of all statutes relative to the proper- s of my position as registered agent. By: C T Corporation System	is registered agent and agree to	act in this cupacity. I further agree
	(Registered agent's	signutere)	
<ol> <li>The name, title or cap <u>Title or Capacity:</u> Authorized Person</li> </ol>	acity and address of the person(s) who h <u>Name and Address:</u> Thomas J. Kelly, Esq. <u>I.N. Lexington Ave Suite145</u> White Plains, NY 10601	Authorized Person	re: <u>Name and Address:</u> Scott Contino <u>I N Lexington AveSuite1450</u> <u>White Plains, NY 10601</u>
Authorized Person	Jonathan Maurer 1 N Lexington AveSuite 145 White Plains, NY 10601	<u>0</u>	

(Use attachments if necessary)

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 onth of the translator must be submitted)

10. This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, 1 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.

MILL	1
	Signature of an authorized person
Thomas J. Kelly	
	Typed or printed name of signer



The First State

I, JEFTREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW RIVER RNG 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 TENTH DAY OF AUGUST, A.D. 2018.

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



Page 1

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Authentication: 203229766 Date: 08-10-18

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SR# 20186118871 You may verify this certificate online at corp.delaware.gov/authver.shtml