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18 AUG 23 AM 12: 52 SECREDANDOF STATE FALLAHASSEE, PLORIDA

18 AUG 23 PM 1: 52

K. SALY AUG 24 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 360791 7516766

AUTHORIZATION

COST LIMIT : (\$ 125.00

ORDER DATE: August 23, 2018

ORDER TIME : 1:16 PM

ORDER NO. : 360791-010

CUSTOMER NO: 7516766

FOREIGN FILINGS

NAME: ENERGY, INDUSTRIAL & UTILITY

RISK SOLUTIONS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TO:

		tration Section ion of Corporation	us				
SUBJEC		Energy, Industrial é	& Utility Risk Solutions LLC	:			
20200			Name of I	Limited Liability	Company		
			reign Limited Liability Comp ed to register the above refere				
Please ret	ит а	ll correspondence o	concerning this matter to the	following:			
		DeChelle Sum	mers				
			N	ame of Person			
		Energy, Industr	rial & Utility Risk Solutions	LLC			
			Fi	rm/Company			
		1100 5th Ave S	S, Suite 301				
				Address			
		Naples FL 3410	02				
			City/St	ate and Zip Code			
		dsummers@dual	commercial.com				
			E-mail address: (to be used	for future annual	report not	ification)	
For furthe	r info	ormation concerning	g this matter, please call:				
I	DcCh	selle Summers		973 at (631-751	75	
_		Name o	f Contact Person	Area Code	Day	time Telephone Number	
E R P	Divisi Regist P.O. E	on of Corporations tration Section Box 6327 tassee, FL 32314			Division of Registrati Clifton Be 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
		heck for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cer 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware (Jurisdiction under the law of which the law of which the law of which law of law			J	•	number, if applicable)
1100 5th Ave S, Suite 3	(Date first transacted business in Flo (See sections 605 0904 & 605,0905,		nstration) penalty liability)	•	number, if applicable)
(Street Address of Pri	01	nida, if prior to reg , F.S. to determine	pstration) penalty liability)		
(Street Address of Pri	01	, F.S. to determine	penalty liability)		
(Street Address of Pri					
Naples FL 34102			6	(Mailing	Address)
				(
					38.00
Name and <u>street address</u>	of Florida registered agent:	(P.O. Box <u>N</u>	VOT accepta	able)	NG 23
Name:	Corporation Service Compa	iny	·		
Office Address:	1201 Hays Street				전원 -
	Tallahassee			, Florida <u>32301</u>	
- gistered agent's accepta		ity)	-	, Florida(Zip	code)
accept the obligations of	ns of all statutes relative to t of my position as registered	ointment as ro the proper an agent.	egistered ag	ent and agree to a	ted liability company at the plot oct in this capacity. I further to ny duties, and I am familiar w Emily Croft
f accept the obligations of ((<u>E</u>	ns of all statutes relative to to of my position as registered Corporation Service Compay: (Regi	ointment as rothe proper an agent. Dany stered agent's signs	egistered ag nd complete williage alure)	pert and agree to a performance of m	ict in this capacity. I further to ny duties, and I am familiar so Emily Croft —Asst. Vice President
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f accept the obligations of ((E The name, title or capaci	of all statutes relative to the first of all statutes relative to the first of my position as registered. Corporation Service Compagn: (Registry and address of the person Name and Address of Tracy Keill	the proper an agent. pany sites of agent's signs (s) who has/h S:	egistered ag nd complete	performance of m	ict in this capacity. I further to the function of the second term of
Accept the obligations of (E The name, title or capaci Title or Capacity:	of all statutes relative to the first position as registered. Corporation Service Comp. By: (Registry and address of the person Name and Address.)	the proper an agent. pany sites of agent's signs (s) who has/h S:	egistered ag nd complete Alure) ave authori Title or (performance of m	ict in this capacity. I further to ny duties, and I am familiar sw Emily Croft —Asst. Vice President : Name and Address:
Accept the obligations of (E The name, title or capaci Title or Capacity:	of all statutes relative to the first position as registered. Corporation Service Comp. By: (Registry and address of the person	the proper an agent. pany sites of agent's signs (s) who has/h S:	egistered ag nd complete Alure) ave authori Title or (performance of m	Emily Croft Asst. Vice President Name and Address: Jonathan Beckham 1100 5th Ave S, Suite 30
Accept the obligations of (E The name, title or capaci Title or Capacity:	of all statutes relative to the first position as registered. Corporation Service Comp. By: (Registry and address of the person	the proper an agent. pany sites of agent's signs (s) who has/h S:	egistered ag nd complete Alure) ave authori Title or (performance of m	Emily Croft Asst. Vice President Name and Address: Jonathan Beckham 1100 5th Ave S, Suite 30

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENERGY, INDUSTRIAL & UTILITY RISK SOLUTIONS 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-THIRD DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENERGY, INDUSTRIAL & UTILITY RISK SOLUTIONS LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2014.

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

Authentication: 203299984

Date: 08-23-18

5629110 8300 SR# 20186321732