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Certified Copies	_ Certificates	of Status
Special Instructions to		

Office Use Only



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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 457030 4804708 AUTHORIZATION COST LIMIT : ORDER DATE: October 23, 2018 ORDER TIME : 10:40 AM ORDER NO. : 457030-015 CUSTOMER NO: 4804708 FOREIGN FILINGS NAME: CATENARY CARBON GP, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

CORPORATION SERVICE COMPANY

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	ons				
SUBJECT:	Catenary Carbon (OP. LLC				
		Name of	Limited Liability	Company		
The enclosed Existence, an	l "Application by Fond check are submitted	oreign Limited Liability Com ted to register the above refer	npany for Authoriz renced foreign lim	ation to T ited liabili	ransact Business in Florida," Cert ty company to transact business in	ificate of n Florida.
Please return	all correspondence	concerning this matter to the	e following:			
	Patrick D. Car	navan				
		,	lame of Person	· , • ·		
	Seward & Kis	sel LLP				
		F	irm/Company			
	One Battery P	ark Plaza, 24th Floor				
			Address		<u> </u>	
	New York, Ne	w York 10004				
		City/S	State and Zip Code			
	claire@gentrust	wm.com				
	**************************************	E-mail address: (to be use	d for future annua	l report no	tification)	
For further in	formation concernir	ng this matter, please call:				
Patr	ick D. Canavan		212 at (574-16	18	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divis Regi: P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle see, FL 32301	
Enclosed is a o □ \$1	check for the follow 25.00 Filing Fee	ring amount: \$\Bigsirem\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certifica of Status & Certified Copy	iic

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

IN COMPHANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANYTO TRANSICT BUSINESS IN THE STATE OF FLORIDA:

fname unavailable enter alterna	ite name adorsed for the	e number of transaction business in F	lorida. The alternate reme must include "Limited	Likha Caran 2011 Committee
Delaware	in the activities for the	e purpose of dansacting obstacts in r.		tradelity Company, ""L L.C, "or "ELC")
	of which foreign innited	hability company is organized)	3	umber, if applicable)
	(Date first tra	insacted business in Florida, if prior to 665,0904 & 605,0905, F.S. to delete	0 registration }	<u> </u>
1450 Brickell Aven		out, over the test avoid, it is, it defets	6 1450 Brickell Avenue	
(Street Address	of Principal Office)		6. (Mailing 4	Address)
Suite 3050			Suite 3050	
Miami, Florida 3313	<u> </u>		Miami, Florida 33131	工
.	CE1 11			
Name and street add		egistered agent: (P.O. Box	x <u>NOT</u> acceptable)	
Name:	Corporation	Service Company		77
Office Address	. 1201 Hays S	Street		
	Tallahassee		en 1 37301	
		(City)	. Florida 32301	
comply with the prov d accept the obligation	isions of all stat ons of my po siti o	utes relative to the proper on us registered agent.	and complete performance of m	y duties, and I am familiar with Roxanne Turner
compty with the provide accept the obligation	isions of all stat ons of my po siti o	utes relative to the proper	r and complete performance of m	y duties, and I am familiar with Roxanne Turner
d accept the obligation	isions of all stations of my position Corporation By:	on us registered agent. Serves Company (Registered agent's	signature)	Roxanne Turner Asst. Vice Presiden
d accept the obligation	isions of all state ons of my position Corporalism By: pacity and addre	on us registered agent. Serves Company (Registered agent's	r and complete performance of m	Roxanne Turner Asst. Vice Presiden
d accept the obligation The name, title or ca	isions of all state ons of my position Corporalism By: pacity and addre	(Registered agent) (Registered agent) (Registered agent) (Resistered agent) (Resistered agent) (Resistered agent)	r and complete performance of my signature) as have authority to manage is/are:	Roxanne Turner Asst. Vice Presiden
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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CATENARY CARBON GP, LLC" IS DULY

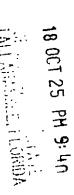
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CATENARY CARBON GP, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2018.

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





Authentication: 203674526

Date: 10-24-18