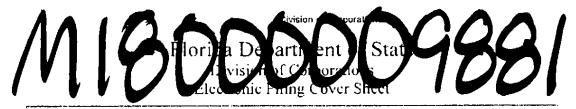
11/1/2018



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To: Division of Corporations Fax Number : (858)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:_ Foreign Limited Liability Company Letourneau Enterprises, LLC Certificate of Status Certified Copy 1 03 Page Count \$155.00 Estimated Charge $\exists 0 \forall = 2$. 3. PRATHER

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Help

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

IN COMPLIANCE WITH SECTION (05.000, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Letourneau Enterprises, LLC (Name of Foreign Limited Eachday Company; must include "Limited Eachday Company," "F.L.C.," or "G.C.") Letourneau Clearing LLC (History phase lable, ones abspired for the purpose of transacting besiness in Florida. The alternate ranse mass include "Finited Value Company," "1.1.0." or "11.0." 3. 37-1788415 2. Delaware (burishiction under the law of which fore an limited liability entitions is organized) (FEI number, if applicable) (Date first transcreed basiness in 1970as, if prior to registration.) (See sections 605 0904 or 505 trees, if S. to determine penalty liability) 6. 1333 West Loop South 11325 North Community House Road (Mailing Address) (Street Address of Immegad Office) #125 Suite 1600 Houston, TX 77027 Charlotte, NC 28277 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System. 1200 South Pine Island Road Office Address: Plantation 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. CT Corporation System_L 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Mark Letourneau Managing Member 1333 West Loop South, Ste 160 Houston, TX 77027 (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 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 Document of State constitutes a third degree felony as provided for in \$.817.155, F.S. Signature of all authorized person

Typed or printed name of signal

Mark Letourneau



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LETOURNEAU ENTERPRISES, 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 THIRTIETH DAY OF OCTOBER, A.D. 2018.

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

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

5780690 8300

SR# 20187402088

Authentication: 203714828

Date: 10-30-18