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(Outrophodo Nomo)						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer: Talk to Mr. Makkrooth List him AS GP						
hist him as GP						

Office Use Only



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COVER LETTER

Registration Section

TO:

Div	ision of Corporations							
SUBJECT:	H-E South Carolina Holdings, LLC							
Senate 1.		Name of Limited Liability Company						
		gn Limited Liability Companto register the above reference						
Please return	n all correspondence co	ncerning this matter to the fol	lowing:					
	Mark Roosth							
	Name of Person							
	H-E Partners, LT	D						
		Firm	Company/	••	TAL	201		
	4721 SW Thislte	Ter			CALL	2019 APR 1	77;	
		A	ddress		SE			
	Palm City FL 34	990			E, FL	PM		
		City/State	and Zip Code	:	IATE DRIDA	կ։ 07	\bigcirc	
	markr@roosthmc.c							
		E-mail address: (to be used for	or future annua	l report notifica	tion)			
For further i	nformation concerning	this matter, please call:						
Ма	rk Roosth	. a	772 at (260-0182				
	Name of	Contact Person	Area Code	Daytime	Telephone Numbe	r		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET AD Division of C Registration S Clifton Buildi 2661 Executive Tallahassee, I	orporations Section ing ve Center Circle			
	closed is a check for the	following amount:	ENT OF STA	TE				
	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & ied Copy	\$160.00 Filis	-		

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:

H-E South Carolina Ho			
(Name of Foreign	Limited Liability Company; must include "Limited Liabil	ty Company," "L.L.C.," or "LLC.")
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florida. The	alternate name must include "Limited Lia	ability Chirchards," "ELC," or "LLC.")
		81-2707401	9 A
South Carolina	hich foreign lumited liability company is organized)		(表现 另
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI num	ber, if applicable)
4/1/2019			
	(Dute first transacted business in Florida, if prior to registratic	on. 1	
	(See sections 605,0904 & 605,0905, F.S. to determine penalt	y liability)	DRIE O
3310 S. 18 roadway Av	4721 Sw THSTLE	4721 SW Thistle Ter	Ď. J
(Street Address of I	mental Office)	(Mailing Add	dress)
811tc 2007 PA	en city FL	Palm City FL 34990	
1 Ver 18 20792	34990		
Name and street address	ss of Florida registered agent: (P.O. Box NOT Mark Roosth	_acceptable)	
Name:	THE ROOM		
Office Address:	4721 SW Thistle Ter		
	Palm City	34990 , Florida	
	(City)	(Zip coo	de)
esignated in this applica comply with the provisi	tance: gistered agent and to accept service of process tion, I hereby accept the appointment as regis ions of all statutes relative to the proper and co s of my position as registered agent.	tered agent and agree to act	t in this capacity. I further ag
	(Registered agent's signature		

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Mark Roosth Name: H-E Partners, LTD Manager Manager Manager Address: 4721 SW Thistle Ter Address: 4721 SW Thistle Ter Member Member | Palm City FL 34990 Palm City FL 34990 ☐ Authorized ☐ Authorized Person Person Other____ Other_ Manager Name: Name: Member Address: _____ Member Authorized Authorized Person Person Other____ Other____ Other_ Name: ☐ Manager Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other__ Other_ Other____ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) (6), Florigia Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellow as provided for in s.817.155, F.S.

MAKK RODSTH G ENERGY PARTIER

Typed or printed name of signee

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

H-E SOUTH CAROLINA HOLDINGS, LLC, a limited liability company duly organized under the laws of the State of South Carolina on May 4th, 2016, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 8th day of April, 2019.

Mark Hammond, Secretary of State

Date of this notice: 05-23-2016

Employer Identification Number:

81-2707401

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

H-E SOUTH CAROLINA HOLDINGS LLC % H-E PARTNERS LTD SOLE MBR 3310 S BROADWAY AVE STE 200 TYLER, TX 75701

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-2707401. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is H-ES. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.