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To:

Division of Corporations

Fax Number : (850)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 SR Landscaping, LLC

Certificate of Status	0
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AU629 2019

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SCHMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

insipe unavailable, enter alternate i	name indepted for the purpose of transacting business in Fig.	aida incai	ternate name must include "I mused Laability	Contrain	.""n)l. C." or "k
Delaware		;	7451356	; - . ,,	-
Garisdiction index the law of w	bieh föreign hunted flability company is organized)	٠٠.	el U mamber, i	Fapplicabl	e) _
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	(Date first transpered business in Florids, if prior to (See sections fill 0904 & 605 0905, f.S. to determ	registration me penulty) palsility)		-t:
656 W. Randolph Street, Suite 400 (Street Address of Principal Office)		6	656 W. Randolph Street, Suite	400	=1: .:-
(Street Address of	Principal Office)	0.	(Mading Address)		Ca.
Chicago, IL 60661			Chicago, IL 60661	-:	·ET
					
Name and suget address	ss of Florida registered agent; (P.O. Box	NOT a	cceptable)		
	C T Corporation System		ecceptable)		
Name and <u>street addres</u> Name:			cceptable)		
	C T Corporation System		cceptable)		

Registered agent's acceptance:

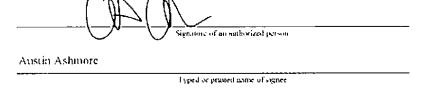
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

-27	9	Michael Jones, Assistant Secretary				
(Recostered agent's sumature)						

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: NGP SR Holdings, LLC	Manager	Name:
Member	Address: 656 W. Randolph Street	☐ Member	Address:
Authorized	Suite 400	Authorized	
Person	Chicago, JL 60661	Person	
Other	Other	Other	
			î. C-
Manager	Name:	Manager	Name:
Member	Address:	☐ Member	Address: 5
Authorized		☐ Authorized	
Person		Person	
Other	Other	Other	Other
Manager	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. Non-indexed 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) (b), Florida Statutes, I 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.





Page 1

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

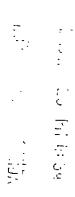
DELAWARE, DO HEREBY CERTIFY "SR LANDSCAPING, LLC" IS DULY FORMED

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-EIGHTH DAY OF AUGUST, A.D. 2019.

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



Authentication: 203489192

Date: 08-28-19