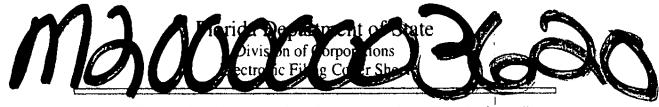
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Division of Corporations



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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 : (561)694-1639 Fax Number

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 Orano USA LLC Certificate of Status Certified Copy -53 04 Page Count \$130.00 Estimated Charge

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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 RECISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Orano USA LLC					
(Name of Foreign	n Limited Liability Company, must include "Limited	d Liability Compar	ny." "L.L.C.," or "ELC.")	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The alternate n	ame must include "Limited	Liability Company," "L.L.C.	"or"[LC.")
Delaware 2		3			
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)			
4	(Pale feet reproduct business in Florida, if new to	etaselection)			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905; F.S. to determine	ine ponalty liability)			
4747 Bethesda Avenue, 10th Floor			Bethesda Avenue, 10		
3. (Street Address of Principal Office)		6	alling Address)		
10th Floor		l0th Fi	loor		
Bethesda, MD 20814		Bethes	da, MD 20814		
7. Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptab	ole)	三 三 三	
Name:	Corporate Creations Network Inc.			APR LO	= [Y
Office Address:	801 US Highway 1			Tes A	
	North Palm Beach		33408 , Florida	ETAL CO.	
	(City)		(Zip code)		

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.

Carlos M Alvarez, Special Secretary

(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:
□Manager	Name: Sam Shakir	□Manager	Name: Paul Mifsud
□Member	Address: 4747 Bethesda Avenue,	□Member	Address: 4747 Bethesda Avenue.
□Authorized	10th Floor	□Authorized	10th Floor
Person	Bethesda, MD 20814	Person	Bethesda, MD 20814
EOther CEO	Other	CFO ■Other	Other
□Manager	Name: Michael Woods	□Manager	Name:
□Member	Address: 4747 Bethesda Avenue,	□Member	Address:
□Authorized	10th Floor	□Authorized	
Person	Bethesda, MD 20814	Person	
■Other	uncel	□Other	
□Manager	Name:	□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) (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.

define		
	Signature of an authorized person	
Carlos M Alvarez, Att	orney-in-Fact	
	Evned or printed name of signee	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ORANO USA 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 THIRD DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORANO USA LLC"
WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2008.

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

e at corp. delaware gov/auth

Authentication: 202502465

Date: 03-03-20