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To:

Division of Corporations

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Foreign Limited Liability Company Shelton Energy Solutions, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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

	ons, LLC		•				
(Name of Foreign	Limited Liability Company, mur	t include "Limited Liab	Dity Company, "L.L.C."	or "LLC.")			
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tiation turas mindie, enter alternate	name adopted for the purpose of trans	oting business in Florida. 1	The alternate name must include of .	de "Limited Lia!	bility Company	," "1.1.C;	" or "LLC,")
LOUISIANA			81-2064052		•	· ·	٠.
(Jurisdiction under the law of w	high fereign limited liability company	is ospanized)	₹. 	· [I-f.] mimbe	, if applicable)	 . ,
•	•			· ·			•
						•	
	(Date first transacted business a (See sections 605,0904 & 605,0	floridic if prior to registra	tion)		 (*	,	
	•	(A) 5, 5.5 to determine pen	ilty hability)				
1439 CENTRE COUR	RT		PO Box 13525				
eet Address of Principal Office)		- '	(Mailing Address)				 -
SUITE 600	. •		•				
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ALEXANDRIA LA 71301		-			ب ش	(- 1) (- 2)	
			ALEXANDRIA LA 71315		12.0	منه	
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The tries will be the state of	n or rapida registered age	ur. (i o box <u>1412</u>	Cuccebaiote)		1	· 23	
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Name:	. C T Corporation System	٠.,		•	18 18 F		
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Name:					••		_
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	Plantation			· · · · · · · · · · · · · · · · · · ·	le l	4	
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Office Address: egistered agent's acceptiving been named as resignated in this applicationally with the provisi	Plantation tauce: gistered agent and to acce tion, I hereby accept the a ons of all statutes relative	Cvy) pt service of proces ppointment as regi to the proper and c	Florida , Florida ss for the above state stered agent and agr	(Zip code) d limited livee to act in	this capac	city. If	urther a
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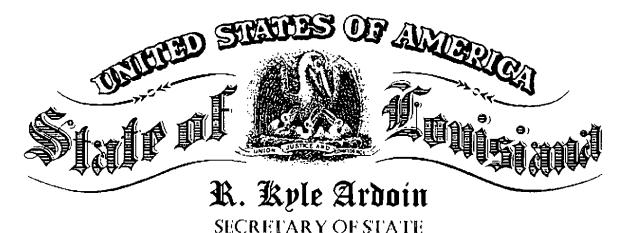
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:		Title or Canacity:	Name and Address:
■Manager ·	Name: Michael A. Shelton		□Manager	Name: Sam Gassiott
DMember	Address: 1439 CENTRE COURT	·	■Member	Address:
□Authorized	Suite 600		☐ Authorized	Suite 600
Person	ALEXANDRIA LA 71301	- ;	Person	ALEXANDRIA LA 71301
□Other		. • •	□Other	ÜOther .
			• •	
□Manager	Name: Brembeda, LLC		□Manager	Name:
Member	Address: 1439 CENTRE COURT		□Member	Address:
□Authorized	Suite 600		[] Authorized	
. Peison	ALEXANDRIA LA 71301		Person	
□Other	□Other_		□Other	Other
⊡Manager	Name:	:	□Manager	Name:
□Member	Address:	· ·	□Member .	Address:
□Authorized			□Authorized	
Person			Person	
□Other	UOther		□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 \$.817.155; F.S.

Signature of an authorized person



As Secretary of State of the State of Louisiana, I do hereby Certify that

SHELTON ENERGY SOLUTIONS, LLC

A limited liability company domiciled in ALEXANDRIA, LOUISIANA,

Filed charter and qualified to do business in this State on April 13, 2016,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 28, 2020

2 1 Fe/162 Secretary of State

Web 42232518k



Certificate ID: 11278095#R9R93

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov