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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 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:_	 	 	<u></u>	

Foreign Limited Liability Company Orano Federal Services LLC

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December 16, 2020

FLORIDA DEPARTMENT OF STATE

CORPORATE CREATIONS INTERNATIONAL INC

SUBJECT: ORANO FEDERAL SERVICES LLC

REF: W20000143593

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Missing addresses for officers, Dorothy Davidson and Paul Mifsud.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II FAX Aud. #: H20000423508 Letter Number: 820A00025501

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

(Name of Foreign Limited Liability Company, must melade "Umited Liability Company," "LLC," or "LLC.") [Iname unavailable, oner alternate name adapted for the purpose of transacting business in Plorida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.") Deliaware (Auriedation under the list of which foreign limited liability company to origanized) (Date first transacted liamings in Plorida. If pror to regulation) (See sections 605,0901 & 605,0901 & 605,0905, F.S. to determine possity liability) 10101 David Taylor Drive, Suite 200 Street Address of Principal Office) Charlotte, NC 28262 Charlotte, NC 28262 Charlotte, NC 28262 Corporate Creations Network Inc. Name: 801 US Highway I Office Address: North Palm Beach (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. If several agent and agree to act in this capacity. If several agent and agree to act in this capacity. If several agent and agree to act in this capacity. If several agent and agree to act in this capacity. If several agent and agree to act in this capacity. If several agent and agree to act in this capacity. If several agent and agree to act in this capacity. If several agent and agree to act in this capacity. If several agent and agree to act in this capacity. If several agent and agree to act in this capacity. If several agent and agree to act in this capacity. If several agent and agree to act in this capacity. If several agent and agree to act in this capacity. If several agent and agree to act in this capacity. If several agent and agree to act in this capacity. If several agent and agree to act in this capacity. If several agent and agree to act in this capacity.	Orano Federal Services					
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(Date first transacted business in Florids, if prov to registration.) (See sections 605 0841 & 605 0901, P.S. to determine perality liability) 10101 David Taylor Drive, Suite 200 10101 David Taylor Drive, Suite 200 6. (Mailing Address) Charlotte, NC 28262 Charlotte, NC 28262 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporate Creations Network Inc. Name: 801 US Highway I Office Address: North Palm Beach (City) (City) Registered agent's acceptance: Invited been named as registered agent and to accept service of process for the above stated limited liability company at						
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(City) Florida (Zip code) (Zip code) (City) (Zip code) (Dip code)	Office Address:	801 US Highway I				
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laying been named as registered agent and to accept service of process for the above stated limited liability company at		(City)	(Zip code)	(C) (C)		
o comply with the provisions of all statutes relative to the proper and complete performance of my duties, and 1 am Jam and accept the obligations of my position as registered agent.	laving been named as re lesignated in this applice o comply with the provis	existered agent and to accept service of p ution, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	s registered agent and agree to act to and complete performance of my di	i this capacity. I jurtner ag		
Carlos M Alvarez, Special Secretary (April 1997)						

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]:

itle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Dorothy Davidson	■Manager	Name: Paul Mifsud
∃Member	Address:	□Member	Address:
]Authorized	Suite 200	□Authorized	Suite 200
Person	Charlotte, NC 28262	Person	Charlotte, NC 28262
President Other	Other	■Other	□Other_
3Manager	Name:	□Manager	Name:
]Member	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	
Other	□Other	Other	□Other
∃Manager	Name:	□Manager	Name:
∃Member	Address:	□Member	Address:
]Authorized		□Authorized	
Person		Person	
Other	□Other	□Other	□Other

- 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.

Spirit .	
Signature of an authorized person	
Carlos M Alvarez, Attorney-in-Fact	
Typed or printed name of signee	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ORANO FEDERAL SERVICES 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 ELEVENTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORANO FEDERAL SERVICES LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2006.

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

Authentication: 204294633

Date: 12-11-20