

5/26/2021

Division of Corporations

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Foreign Limited Liability Company  
GASENERGY SAS

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Corporate Filing Menu

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Sf  
5/27/21

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GASENERGY SAS  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

GASENERGY SAS USA LLC  
(If name is available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. COLOMBIA 3. APPLY FOR  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEL number, if applicable)

4. UPON QUALIFICATION  
(Date first transacted business in Florida, if prior to registration, check sections 605.004 or 605.005, F.S., to determine penalty liability)

5. 851 NE 1 AVE 6. 851 NE 1 AVE  
(Street address of Principal Office) (Mailing Address)

UNIT 200 UNIT 200

MIAMI, FL 33132 MIAMI, FL 33132

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

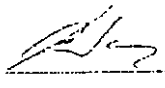
Name: CARLOS ORDONEZ

Office Address: 851 NE 1 AVE UNIT 200

MIAMI 33132  
(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.

  
(Registered agent's signature)

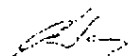
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: CARLOS ORDONEZ	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 851 NE 1 AVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	UNIT 200	<input type="checkbox"/> Authorized	_____
Person	MIAMI, FL 33132	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



Signature of an authorized person

CARLOS ORDONEZ

Typed or printed name of signer

# NEW LAND TRANSLATIONS



BUCARAMANGA CHAMBER OF COMMERCE

CERTIFICATE ELECTRONICALLY GENERATED

PLACE AND DATE OF ISSUE: BUCARAMANGA, 2021/04/24 TIME: 15:32:42 9939735

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CERTIFICATE OF EXISTENCE AND LEGAL REPRESENTATION OF SIMPLIFIED PARTNERSHIPS BY SHARES SAS OF:

G.11 SENERGY SAS

STATUS OF THE PARTNERSHIP: ACTIVE

THE SECRETARY OF THE CHAMBER OF COMMERCE OF BUCARAMANGA, BASED ON THE REGISTRATION AND RECORDS OF THE COMMERCE REGISTRY

## C E R T I F I E S

RENEWAL DATE: MARCH 26 2021

GROUP TAX ID-GROUP III-SMALL BUSINESS

## C E R T I F I E S

RECORD 05-136745-16 OF 2006/11/28 NAME: GASENERGY SAS

TAX ID: 900120841-7

ADDRESS: BUCARAMANGA

BUSINESS ADDRESS: CARRERA 31 # 51-74 EDIFICIO TORRE M.1\ROEL OF I CINA 1210

MUNICIPALITY: BUCARAMANGA- SANTANDER

TELEPHONE: 6431992

EMAIL: subgerencia@ite.com.co

ADDRESS FOR SERVICE

ADDRESS: CARRERA 31 # 51 - 74 EDIFICIO TORRE M.1\ROEL OFICINA 1210

MUNICIPALITY: BUCARAMANGA- SANTANDER

TELEPHONE: 6431992

EMAIL: subgerencia@ite.com.co

INCORPORATION: MADE BY PRIVATE DOCUMENT DATED 2006/10/23 OF THE GENERAL ASSEMBLY OF SHAREHOLDERS OF BUCARAMANGA REGISTERED IN THIS CHAMBER OF COMMERCE ON 2006/11/28 UNDER NUMBER 68820 OF BOOK 9, IT IS INCORPORATED THE PARTNERSHIP DENOMINATED SERVICIOS INTEGRALES DE INGENIERIA PETROLERA S.A. ACRONYM: SIIP S.A.

## C E R T I F I E S

I HEREBY CERTIFY THAT THIS TRANSLATION MADE FROM SPANISH IS CORRECT IN ITS ENTIRETY AND THAT I AM QUALIFIED TO MAKE IT. ISSUED IN MIAMI FLORIDA ON 05/25/2021

Translated by  
Hector L. Burga  
Associate Member 245401  
American Translators Association