

M21000010836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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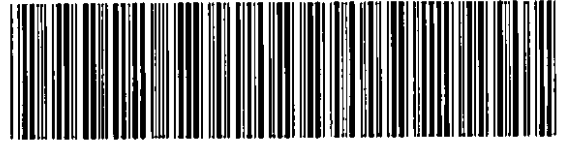
(Business Entity Name)

(Document Number)

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FALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 08/18/2021

Name: Eric Marciano

Reference #: 1454255

Entity Name: REV LNG LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Please provide a certified copy upon filing.

Authorized Amount: \$155.00

Signature: Eric Marciano

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

REV LNG LLC

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

(If name unavailable, 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. _____
PA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
46-2198572
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____
1002 Empson Road
(Street Address of Principal Office)

6. _____
1002 Empson Road
(Mailing Address)

Ulysses, PA 16948

Ulysses, PA 16948

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

Name: _____
COGENCY GLOBAL INC.

Office Address: _____
115 North Calhoun St. Suite 4

Tallahassee

(City)

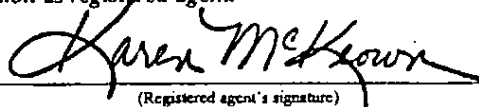
, Florida

32301

(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)

2021 APR 18 4:11:06

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:**

☐ Manager Name: REV LNG HOLDINGS, LLC

☒ Member Address: 1002 Empson Road

☐ Authorized Ulysses, PA 16948

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Larry Deflurri

☐ Member Address: 1002 Empson Road

☐ Authorized Ulysses, PA 16948

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Erland David Kailbourne

☐ Member Address: 1002 Empson Road

☐ Authorized Ulysses, PA 16948

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: SJI Renewable Energy Ventures, LLC

☒ Member Address: 1002 Empson Road

☐ Authorized Ulysses, PA 16948

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Jacob Digel

☐ Member Address: 1002 Empson Road

☐ Authorized Ulysses, PA 16948

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: David Kailbourne

☐ Member Address: 1002 Empson Road

☐ Authorized Ulysses, PA 16948

Person _____

☐ 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.



Signature of an authorized person

E. David Kailbourne

Typed or printed name of signee

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:
☒ Manager Name: Steven Cocchi
☐ Member Address: 1002 Empson Road
☐ Authorized Ulysses, PA 16948
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☒ Manager Name: Donna Schempp
☐ Member Address: 1002 Empson Road
☐ Authorized Ulysses, PA 16948
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Rick Gallagher
☐ Member Address: 1002 Empson Road
☐ Authorized Ulysses, PA 16948
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

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Signature of an authorized person

E. David Kailbourne
Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

08/16/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

REV LNG LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

A handwritten signature in cursive script, reading "Neeraj W. Deshpande".

Acting Secretary of the Commonwealth

Certification Number: TSC210816110698-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>