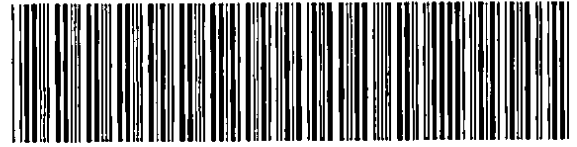


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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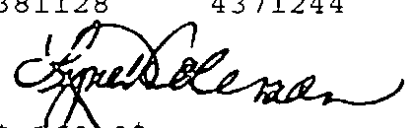
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JAN 26 PM 2:04

APPROVED
AND
FILED

JAN 30 2023
K. Brumby

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 381128 4371244
AUTHORIZATION : 
COST LIMIT : \$ 160.00

ORDER DATE : January 16, 2023
ORDER TIME : 9:0 AM
ORDER NO. : 381128-005
CUSTOMER NO: 4371244

FOREIGN FILINGS

NAME: MITRES SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MitRes Services, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Shannon Watson

Name of Person

The North American Coal Corporation

Firm/Company

5340 Legacy Drive, Suite 300

Address

Plano, TX 75024

City/State and Zip Code

shannon.watson@nacco.com; belinda.coleman@nacco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Watson

972

448-5400

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. MitRes Services, LLC
(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. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)
3.
(FEI number, if applicable)

4. February 1, 2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5340 Legacy Drive, Suite 300
(Street Address of Principal Office)
6. 5340 Legacy Drive, Suite 300
(Mailing Address)
Plano, TX 75024 Plano, TX 75024

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

APPROVED AND FILED
2023 JAN 26 PM 2:04

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.

By: Eyleina Baheti
Corporation Service Company
Assistant Vice President
(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: **Manager** **Name and Address:** Name: Eric S. Anderson
 Member Address: 5340 Legacy Drive
 Authorized Person Suite 300
Plano, TX 75024
 Other President **Other** _____

Title or Capacity: **Manager** **Name and Address:** Name: J.C. Butler, Jr.
 Member Address: 5340 Legacy Drive
 Authorized Person Suite 300
Plano, TX 75024
 Other _____ **Other** _____

Manager **Name and Address:** Name: Carroll L. Dewing
 Member Address: 5340 Legacy Drive
 Authorized Person Suite 300
Plano, TX 75024
 Other Vice President **Other** _____

Manager **Name and Address:** Name: John D. Neumann
 Member Address: 5340 Legacy Drive
 Authorized Person Suite 300
Plano, TX 75024
 Other Secretary **Other** _____

Manager **Name and Address:** Name: J. Patrick Sullivan, Jr.
 Member Address: 5340 Legacy Drive
 Authorized Person Suite 300
Plano, TX 75024
 Other Vice President **Other** _____

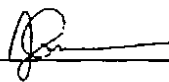
Manager **Name and Address:** Name: _____
 Member Address: _____
 Authorized Person _____

 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

John D. Neumann

 Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MitRes Services, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/11/2023, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/25/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202301253337376

You may verify this certificate
online at <http://www.nvsos.gov>