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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

2023 DEC-1 PM 5:47

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Foreign Limited Liability Company
AXIP ENERGY SERVICES MANAGEMENT, LLC

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Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

FILE PRIOR TO:

Axip Energy Services, LP

H23000410356 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Axip Energy Services Management, 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:

Ahlaam Varachia

Name of Person

Axip Energy Services Management, LLC

Firm/Company

8150 North Central Expressway, Ste 900

Address

Dallas, TX 75206

City/State and Zip Code

LegalDepartment@axip.com

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

For further information concerning this matter, please call:

Ahlaam Varachia

Name of Contact Person

at (832) 294-6500

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

H23000410356 3

H23000410356 3

**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. Axip Energy Services Management, LLC

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

2. Texas

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 75-3099986

(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. 1301 McKinney, Suite 900

(Street Address of Principal Office)

6. 1301 McKinney, Suite 900

(Mailing Address)

Houston, TX 77010

Houston, TX 77010

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FL

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.

Sadi Boyette

(Registered agent's signature)

Sadi Boyette, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

H23000410356 3

H23000410356 3

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: <u>E3 Compression Holdings LLC</u>	<input type="checkbox"/> Manager	Name: <u>Robert Stiles</u>
<input checked="" type="checkbox"/> Member	Address: <u>8150 N Central Expressway</u>	<input type="checkbox"/> Member	Address: <u>8150 N Central Expressway</u>
<input type="checkbox"/> Authorized	<u>Ste 900</u>	<input type="checkbox"/> Authorized	<u>Ste 900</u>
Person	<u>Dallas, TX 75206</u>	Person	<u>Dallas, TX 75206</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Stephen Childress</u>	<input type="checkbox"/> Manager	Name: <u>Robert Earl Ashley</u>
<input type="checkbox"/> Member	Address: <u>1301 McKinney, Ste 900</u>	<input type="checkbox"/> Member	Address: <u>8150 N Central Expressway</u>
<input type="checkbox"/> Authorized	<u>Houston, TX 77010</u>	<input type="checkbox"/> Authorized	<u>Ste 900</u>
Person	_____	Person	<u>Dallas, TX 75206</u>
<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Ahlaam Varachia</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>8150 N Central Expressway</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Ste 900</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Dallas, TX 75206</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>Assistant Secretary</u>	<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.

Ahlaam Varachia

Signature of an authorized person

Ahlaam Varachia, Assistant Secretary

Typed or printed name of signee

H23000410356 3

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

H23000410356 3

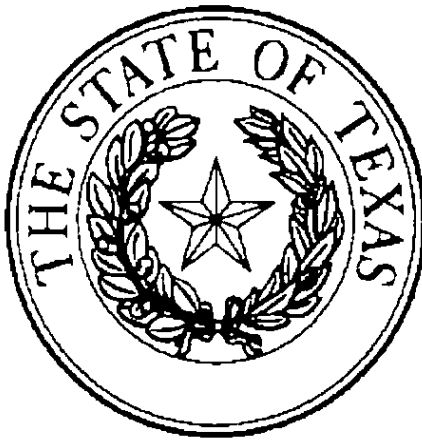
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for Axiom Energy Services Management, LLC (file number 800144006), a Domestic Limited Liability Company (LLC), was filed in this office on November 19, 2002.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 30, 2023.



A handwritten signature in black ink, reading "Jane Nelson".

Jane Nelson
Secretary of State

H23000410356 3