

1124000009084

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

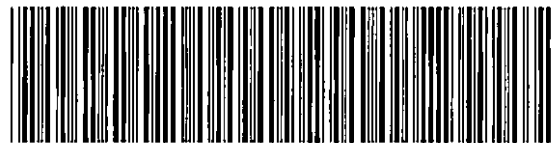
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900432961869

07/12/24--01049--009 \*\*125.00

FILED  
2024 JUL 12 PM 12:26  
SECRETARY OF STATE

F. FEMIEUX

JUL 17 2024

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Mangrove CCS, 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:

Thomas J. Malicki

\_\_\_\_\_  
Name of Person

Abrahams Kaslow & Cassman LLP

\_\_\_\_\_  
Firm/Company

8712 West Dodge Road, #300

\_\_\_\_\_  
Address

Omaha, Nebraska 68114

\_\_\_\_\_  
City/State and Zip Code

tmalicki@akclaw.com

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

For further information concerning this matter, please call:

Thomas J. Malicki

402

392-1250

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

(Name, if available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Delaware 3. 87-1786503  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. May 15, 2024  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 14302 FNB Parkway 6. 14302 FNB Parkway  
(Street Address of Principal Office) (Mailing Address)  
Omaha, NE 68154 Omaha, NE 68154

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee 32301  
Florida  
(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.

Corporation Service Company

By: Steph Albertini  
(Registered agent's signature)

FILED  
2024 JUL 12 PM 12:26  
CLERK OF STATE

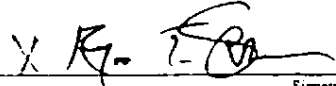
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Christopher A. Leitner	<input checked="" type="checkbox"/> Manager	Name: Jerry K. Crouse
<input type="checkbox"/> Member	Address: 14302 FNB Parkway	<input type="checkbox"/> Member	Address: 14302 FNB Parkway
<input type="checkbox"/> Authorized	Omaha, NE 68154	<input type="checkbox"/> Authorized	Omaha, NE 68154
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Gregory A. Van Dyke	<input checked="" type="checkbox"/> Manager	Name: Drew J. Fossum
<input type="checkbox"/> Member	Address: 14302 FNB Parkway	<input type="checkbox"/> Member	Address: 14302 FNB Parkway
<input type="checkbox"/> Authorized	Omaha, NE 68154	<input type="checkbox"/> Authorized	Omaha, NE 68154
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  
**Ryan T. Schroer**  
**Senior Vice President**  
\_\_\_\_\_  
Typed or printed name of signer

## ITEM 8.

### ADDITIONAL AUTHORIZED PERSONS

<u>Name</u>	<u>Title</u>	<u>Address</u>
Jerry K. Crouse	Chairman	14302 FNB Parkway Omaha, Nebraska 68154
Christopher A. Leitner	Chief Executive Officer and President	14302 FNB Parkway Omaha, Nebraska 68154
Gregory A. Van Dyke	Chief Financial Officer and Senior Vice President	14302 FNB Parkway Omaha, Nebraska 68154
Drew J. Fossum	Senior Vice President, General Counsel and Assistant Secretary	14302 FNB Parkway Omaha, Nebraska 68154
Joel M. Link	President, Tenaska Development	14302 FNB Parkway Omaha, Nebraska 68154
Ryan T. Schroer	Senior Vice President	14302 FNB Parkway Omaha, Nebraska 68154
Bret Estep	Vice President, Development	14302 FNB Parkway Omaha, Nebraska 68154
Robert A. Ramaekers	Vice President	14302 FNB Parkway Omaha, Nebraska 68154
Larry G. Carlson	Vice President, Environmental Affairs	14302 FNB Parkway Omaha, Nebraska 68154

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MANGROVE CCS, 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 FOURTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MANGROVE CCS, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 2024.

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



3681448 8300

SR# 20242770672

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203628872

Date: 06-04-24