

10/10/24, 10:45 AM

Division of Corporations

M2400013018

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

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

Email Address: whitney.fawcett@veolia.com

RECEIVED  
2024 OCT 10 PM 1:29  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
Veolia Energy Operating Services, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2024 OCT 10 PM 1:29

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. Veolia Energy Operating Services, LLC (Name of Foreign Limited Liability Company - must include "Limited Liability Company," "LLC," or "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," "LLC," or "LLC."

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-1788355 (F.L.L.C. number, if applicable)

4. (Date first transacted business in Florida, if prior to registration) (See sections 605.001 & 605.003, F.S., to determine penalty liability)

5. 53 State Street, 14th Floor (Street Address of Principal Office) Boston, MA 02109

6. 53 State Street, 14th Floor (Mailing Address) Boston, MA 02109

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

Name: C.T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324 (City) (Zip code)

2024 OCT 10 PM 11:39

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: C.T Corporation System (Registered agent's signature) Stephen Bullis, Vice President

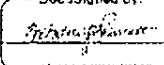
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Denis Chesseron	<input checked="" type="checkbox"/> Manager	Name: Frederic Van Heems
<input type="checkbox"/> Member	Address: 53 State St., 14th Fl.	<input type="checkbox"/> Member	Address: 53 State St., 14th Fl.
<input type="checkbox"/> Authorized Person	Boston, MA 02109	<input type="checkbox"/> Authorized Person	Boston, MA 02109
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name: Whitney Fawcett	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 53 State St., 14th Fl.	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	Boston, MA 02109	<input type="checkbox"/> Authorized Person	_____
<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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<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.

DocuSigned by:  
  
 Signature of an authorized person  
 Whitney Fawcett  
 Typed or printed name of signer

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VEOLIA ENERGY OPERATING SERVICES, 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 NINTH DAY OF OCTOBER, A.D. 2024.

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



  
Jeffrey W. Bullock, Secretary of State

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SR# 20243907491

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

Authentication: 204594081

Date: 10-09-24