# State of Idaho

## Office of the Secretary of State

### **CERTIFICATE OF REGISTRATION**

OF

### **ENERGY, INDUSTRIAL & UTILITY RISK SOLUTIONS LLC**

#### File Number W 207115

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: August 27, 2018



SECRETARY OF STATE

By\_\_\_\_Skeul



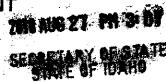
Rev. 112015

## FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.



| 1.       | The name of the entity is: Energy, Industrial & Utility Risk Solutions LLC   |                               |                       |                             |   |   |  |
|----------|--|-------------------------------|-----------------------|-----------------------------|---|---|--|
| 2.       | The name which it shall use I  | ildaho is:                    |                       |                             |   |   |  |
| 3.       | Select the type of entity you wish to register: (Enter a name here, only if you are required to adopt an alternate name)                 |                               |                       |                             |   |   |  |
|          | ☐ Business Corporation ☐ General Partnership   |                               |                       |                             |   |   |  |
|          | ☐ Monprofit Corporation  | ☐ Ger                         | reral Cooperative     | Associ                      | ation                                     |   |  |
|          | ☐ Limited Liability Partnership  | Limited Liability Partnership |                       |                             |   |   |  |
|          | LI Statutory Trust, Business Trust, or Common-law Business Trust   |                               |                       |                             |   |   |  |
|          | Other: (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)  Jurisdiction of formation: Delaware |                               |                       |                             |   |   |  |
| 4.       | Jurisdiction of formation: Dela  | wate                          | Mai listed above, and | anter the                   | lype here.)                               |   |  |
| 5.       | (Provide the domestic jurisdiction where the entity was formed)  The address of its principal office is:                                 |                               |                       |                             |   |   |  |
|          | 1100 5th Ave S, Suite 301, Naples FL 34102   |                               |                       |                             |   |   |  |
|          | (Siree: Address)   |                               |                       |                             |   |   |  |
|          |  |                               |                       |                             |   |   |  |
| _        | (Malling Address, If different)  |                               |                       |                             |   |   |  |
| 6.       | The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:                              |                               |                       |                             |   |   |  |
|          | (Street Address)   |                               |                       |                             |   |   |  |
|          | (Malling Address, if different)  |                               |                       |                             |   |   |  |
|          | •  |                               |                       |                             |   |   |  |
| 7.       | he mailing address to which correspondence should be addressed, if different from item 5, is:  |                               |                       |                             |   |   |  |
|          | (Address)  |                               |                       |                             |   |   |  |
| _        |  |                               |                       |                             |   |   |  |
| 8.       | ne name of the registered agent and street address of registered agent in Idaho:   |                               |                       |                             |   |   |  |
| 14       | Corporation Service Company, 12550 W. Explorer Drive, Suite 100, Boise, ID 83713   |                               |                       |                             |   |   |  |
| _        | (Andress)  |                               |                       |                             |   |   |  |
| 9.       | The name, capacity, and mailing  | g address of at le            | east one governor     |                             |   |   |  |
|          | Tracy Keill  | Manager                       | 1100 5th Av           | e S, Su                     | ite 301, Naples FL 34102                  |   |  |
|          | (Name)   | (Capacity)                    | (Address)             |                             |   |   |  |
|          | (Name)   |                               |                       |                             |   |   |  |
|          | frague)  | (Capacity)                    | (Address)             |                             |   |   |  |
|          |  |                               |                       |                             |   |   |  |
|          | _  |                               |                       | ≥                           | IBIVA GRADEMINI AR ARIAR                  |   |  |
| S        | ignature:  | Charles and the second        |                       | 8                           | 10AHO SECRETARY OF STATE 08/27/2018 05:00 |   |  |
|          |  |                               |                       | ate to                      | CK: PREPAID CT:1157 BH:1660920            | l |  |
| Ts       | ped Name: Tracy Keill  |                               |                       | SE<br>SE                    | 10 100.00 = 100.00 FOR REG ST             |   |  |
|          |  |                               | · <u>·</u>            | any c                       | 16 20.00 = 20.00 EXPEDITE C #             | 3 |  |
| Ce       | apacity: Manager   |                               | ·                     | Secretary of State use only |   |   |  |
| نفاي رشا | Walakia an   | ·                             |                       | (v)                         | W207116                                   |   |  |



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ENERGY, INDUSTRIAL & UTILITY RISK

SOLUTIONS 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 TWENTY-THIRD DAY OF

AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENERGY,
INDUSTRIAL & UTILITY RISK SOLUTIONS LLC" WAS FORMED ON THE TWENTYEIGHTH DAY OF OCTOBER, A.D. 2014.

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

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Authentication: 203299984

Date: 08-23-18