

MA210000062698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

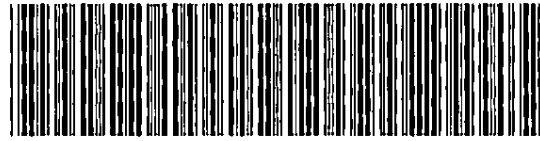
(Business Entity Name)

(Document Number)

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

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SBF  
3/11/21

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

ACCOUNT NO. : I20000000195  
REFERENCE : 694057 4371244  
AUTHORIZATION :   
COST LIMIT : \$ 160.00

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ORDER DATE : March 5, 2021  
ORDER TIME : 3:20 PM  
ORDER NO. : 694057-015  
CUSTOMER NO: 4371244

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FOREIGN FILINGS

NAME: NAM-CMX, 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# 61594

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

NAM-CMX, LLC

SUBJECT: \_\_\_\_\_  
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 75204

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

shannon.watson@nacoal.com

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

For further information concerning this matter, please call:

Shannon Watson

972

448-5410

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_

Name of Contact Person

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

**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. NAM-CMX, 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. \_\_\_\_\_  
(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  
(Street Address of Principal Office)

6. 5340 Legacy Drive  
(Mailing Address)

Building 1, Suite 300  
Plano, TX 75024

Building 1, Suite 300  
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)

**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: [Signature]  
(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: Philip N. Berry  
 Member Address: 5340 Legacy Drive  
 Authorized Building 1, Suite 300  
Person Plano, TX 75024  
 Other President  Other

**Title or Capacity:**  Manager Name: J.C. Butler, Jr.  
 Member Address: 5340 Legacy Drive  
 Authorized Building 1, Suite 300  
Person Plano, TX 75024  
 Other  Other

Manager Name: Carroll L. Dewing  
 Member Address: 5340 Legacy Drive  
 Authorized Building 1, Suite 300  
Person Plano, TX 75024  
 Other Vice President  Other

Manager Name: John D. Neumann  
 Member Address: 5340 Legacy Drive  
 Authorized Building 1, Suite 300  
Person Plano, TX 75024  
 Other Secretary  Other

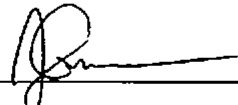
Manager Name: J. Patrick Sullivan, Jr.  
 Member Address: 5340 Legacy Drive  
 Authorized Building 1, Suite 300  
Person Plano, TX 75024  
 Other Vice President  Other

Manager 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, Secretary  
\_\_\_\_\_  
Typed or printed name of signee

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, 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, **NAM-CMX, 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 03/08/2021, 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 03/09/2021.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B202103091495453

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