



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State	
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a:
- | | | |
|--|---|---|
| <input type="checkbox"/> profit corporation | <input checked="" type="checkbox"/> nonprofit corporation | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust | <input type="checkbox"/> limited liability company | <input type="checkbox"/> statutory trust |
| <input type="checkbox"/> limited partnership | <input type="checkbox"/> ltd cooperative association | <input type="checkbox"/> public benefit corporation |
| <input type="checkbox"/> non-profit llc | <input type="checkbox"/> professional service corporation | <input type="checkbox"/> other |

2. The name of the entity is Ergon Midstream, LLC
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is 9/25/2013 and the period of duration is _____
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
2829 Lakeland Drive, Suite 2000 Flowood MS 39232
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
306 W. Main Street, Suite 512 Frankfort KY 40601
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

See attached

Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

[Signature] Zachary Young VP 11/14/2023
Signature of Authorized Representative Printed Name & Title Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.

C T Corporation System
Type/Print Name of Registered Agent
By: _____
Signature of Registered Agent Printed Name Title Date

ERGON MIDSTREAM, LLC

Managers:

Joel Pastorek
Zach Young
Kris Patrick

Officers:

<u>Name</u>	<u>Office</u>
Joel Pastorek	President
Kris Patrick	Executive Vice President
Alan L. Wall	Executive Vice President and Chief Financial Officer
Zach Young	Vice President
Kathryn W. Stone	Secretary
Kenneth E. Hodges	Treasurer

All located at: 2829 Lakeland Drive, Suite 2000
Flowood, MS 39232
Telephone: (601)933-3000



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Statement of Consent of Registered Agent CRA
(Domestic or Foreign Business Entity)

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

- 1. The business entity is a corporation (KRS 271B, KRS 273 or KRS 274)
X a limited liability company (KRS 275)
a limited partnership (KRS 362)
a limited liability partnership (KRS 362)
a business trust (KRS 386)

2. The name of the business entity is Ergon Midstream, LLC

3. The state or country of incorporation, organization or formation is Delaware

4. The name of the initial registered agent is C T Corporation System

5. The street address of the registered office address in Kentucky is:
306 W. Main Street, Suite 512 Frankfort KY 40601
Street Address (No Post Office Box Number) City State Zip Code

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

C T Corporation System
By: Madonna Cuddihy Signature of Registered Agent
Madonna Cuddihy, Assistant Secretary Printed Name