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Ed Murray, WY Secretary of State
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Foreign Limited Liability Company
Application for Certificate of Authority

Pursuant to W.S. 17-16-1533, the undersigned company hereby applies for a Certificate of Authority to transact business in the state of Wyoming.

1. Name of the limited liability company as organized:

Blackjewel L.L.C.

2. Organized under the laws of:

Delaware
(State or country)

3. Date of organization:

03/24/2017
(Date - mm/dd/yyyy)

(This date must match the date listed on the certificate of existence.)

4. Period of duration:

Perpetual

(This is referring to the length of time the limited liability company intends to exist and not the length of time it has been in existence. The most common term used is "perpetual.")

5. Mailing address of the limited liability company:

1051 Main Street, Milton, West Virginia 25541

6. Principal office address:

1051 Main Street, Milton, West Virginia 25541

7. Name and physical address of its registered agent:

(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. The registered agent must have a physical address in Wyoming. If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed in addition to a physical address.)

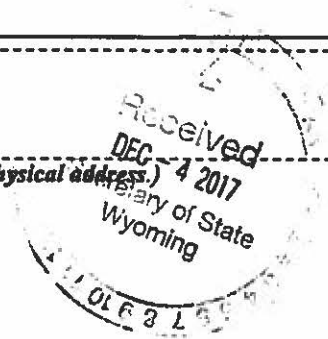
Name:

Capitol Corporate Services, Inc.

Address:

1720 Carey Ave, Ste 400
Cheyenne, WY 82001

(If mail is received at a Post Office Box, please list above in addition to the physical address.)



8. The limited liability company accepts the constitution of the state of Wyoming in compliance with the requirement of Article 10, Section 5 of the Wyoming Constitution.

9. State the date this limited liability company began doing business in Wyoming or the date it will begin to do business in Wyoming: *(Please note that a limited liability company doing business in Wyoming without authority shall be subject to back taxes and penalties pursuant to W.S. 17-16-1502(d).)*

12/08/2017

(Date - mm/dd/yyyy)

Signature: _____

(May be executed by a member, manager, or other authorized individual as set forth in the operating agreement.)

Date: _____

12/1/2017

(mm/dd/yyyy)

Print Name: _____

Jeffery A. Hoops

Contact Person: _____

Jeffery A. Hoops

Title: _____

President and CEO of Member

Daytime Phone Number: _____

304-390-5920

Email: _____

JHoops@revelenergy.com

(Email provided will receive annual report reminders and filing evidence)

**May list multiple email addresses*

REQUIRED ATTACHMENT TO INCLUDE WITH THE FILING

The application must be accompanied by an original certificate of existence/good standing, dated not more than sixty (60) days prior to filing in Wyoming, authenticated by the Secretary of State or official having custody of corporate records in the state or country of formation.