Form 205 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512 463-5709 Filing Fee: \$300

## Certificate of Formation Limited Liability Company

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

JUL 1 1 2016

**Corporations Section** 

### Article 1 - Entity Name and Type

The filing entity being formed is	a limited liability	company. The	name of the enti	ty is:		
Harvest Interests GP, LLC						
The name must contain the words "limited	liability company," "lin	nited company," or as	abbreviation of one o	f these phrases.		
	2 – Registered Aparticions. Select and coment is an organization	plete either A or B ar	nd complete C.)	ne name of:		
OR  B. The initial registered age  Kenneth	ent is an individual	l resident of the	state whose nam	e is set forth below:		
First Name	M.I.	Lust Name	<del>-</del>	Suffix		
C. The business address of the registered agent and the registered office address is:  2626 Cole Avenue, Suite 622  Dallas  TX 75204						
Street Address	City	<del></del> -	State	Zip Code		
(Select and complete e ☐ A. The limited liability commanager are set forth below.  ☑ B. The limited liability commembers, and the name and add	pany will not hav	e the name and address anagers. The nate	ss of each governing p me and address on the company will l	of each initial		
GOVERNING PERSON I  NAME (Enter the name of either an individual IF INDIVIDUAL  Kenneth	or an organization, but not	both.)  Cooley				
Kenneth  First Name  OR  IF ORGANIZATION	M.I.	Cooley  Last Name		Suffix		

**ADDRESS** 

Organization Name

Street or Mailing Address

2626 Cole Avenue, Suite 622

TX

State

**USA** 

Country

75204

Zip Code

**Dallas** 

City

NAME (Enter the name of either an individual o IF INDIVIDUAL	r an organization, bu	t not both.)			
Jon		Donahue			
First Name OR IF ORGANIZATION	M.I.	Last Name			Suffix
Organization Name ADDRESS				<u></u>	·
2626 Cole Avenue, Suite 622	D	allas	TX	USA	75204
Street or Mailing Address	-	lity	State	Country	Zip Code

GOVERNING PERSON 3  NAME (Enter the name of either an individual of					
IF INDIVIDUAL	W.				
Brent		Kroener			
First Name OR	М.І.	Last Name			Suffix
IF ORGANIZATION					
Organization Name ADDRESS		<del>-</del> -			
2626 Cole Avenue, Suite 622	Dallas		TX	USA	75204
Street or Mailing Address		'Ity	State	Country	Zip Code

## Article 4 – Purpose

The purpose for which the company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the Texas Business Organizations Code.

#### Supplemental Provisions/Information

,	Text Area. [The attached addershim, it ally, is incorporated herein by reference.]
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# Organizer

The name and address of the organizer:					
Charles T. Clark					
Name					
3824 Cedar Springs Road #350	Dallas	TX 75204			
Street or Mailing Address	City	State Zip Code			
Effectivenes	s of Filing (Select either A, B, or G	۲.)			
A. I This document becomes effective w	hen the document is filed by	the secretary of state.			
B. This document becomes effective at	a later date, which is not mo	re than ninety (90) days from			
the date of signing. The delayed effective	date is:				
C. This document takes effect upon the occurrence of the future event or fact, other than the					
passage of time. The 90th day after the day	te of signing is:				
The following event or fact will cause the document to take effect in the manner described below:					
	Execution				
The undersigned affirms that the person appointment. The undersigned signs this submission of a materially false or fraudule undersigned is authorized to execute the file.	document subject to the per ent instrument and certifies u	nalties imposed by law for the			
Date: June 27, 2016					
	Charles 7. Clar Signature of organizer	<u>k</u>			
	Charles T. Clark				
	Printed or typed name of organiz	er er			