



January 6, 2025

Mississippi Department of Environmental Quality
Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261

**Re: Application for Permit Transfer to Change Facility Ownership
Air Construction and Industrial Storm Water General NPDES Permits
Formerly Enviva Pellets Lucedale, LLC
Lucedale, George County, Mississippi**

To whom it may concern:

Enviva Pellets Lucedale, LLC (Enviva) (Agency Interest ID: 65276) is submitting this letter, including attachments, as an application for a permit transfer to change the ownership of the facility in accordance with Title 11 Mississippi Administrative Code, Part 2, R. 2.16.A and B and Title 11 Mississippi Administrative Code, Part 6, R. 1.1.5(C)(1)(a). This ownership change for the Lucedale plant applies to both the Air Construction Permit (No. 0840-00022) and the Industrial Storm Water General National Pollution Discharge Elimination System (NPDES) Permit. The ownership change took place on December 6, 2024, and a copy of the official documentation is included as Attachment 1. The required Request for Transfer of Permit, General Permit Coverage and/or Name Change form is included as Attachment 2.

If you have any questions regarding the information presented in this letter, please contact Drew Bennett, Director of Environmental Affairs at Enviva, at 984-220-6580.

Sincerely,

A handwritten signature in blue ink, appearing to read "Clint Pearce", is located below the "Sincerely," text.

Clint Pearce
Plant Manager

cc: Drew Bennett, Enviva
Joe Harrell, Enviva
Cathy Grazioli, Enviva

Attachment 1 – Official Documentation of Ownership Change

Delaware

The First State

Page 1

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE
CORPORATION UNDER THE NAME OF "ENVIVA INC." TO A DELAWARE LIMITED
LIABILITY COMPANY, CHANGING ITS NAME FROM "ENVIVA INC." TO
"ENVIVA, LLC", FILED IN THIS OFFICE ON THE SIXTH DAY OF DECEMBER,
A.D. 2024, AT 1:23 O`CLOCK P.M.*


Jeffrey W. Bullock, Secretary of State

5430606 8100V
SR# 20244414742

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205060275
Date: 12-06-24

Delaware

The First State

Page 1

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "ENVIVA, LLC"
FILED IN THIS OFFICE ON THE SIXTH DAY OF DECEMBER, A.D. 2024,
AT 1:23 O`CLOCK P.M.*


Jeffrey W. Bullock, Secretary of State

5430606 8100V
SR# 20244414742

You may verify this certificate online at corp.delaware.gov/authver.shtml

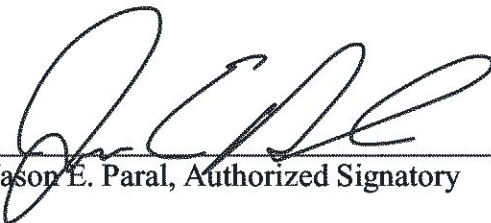
Authentication: 205060275
Date: 12-06-24

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:23 PM 12/06/2024
FILED 01:23 PM 12/06/2024
SR 20244414742 - File Number 5430606

**STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE DELAWARE LIMITED LIABILITY COMPANY ACT**

1. The jurisdiction where the Corporation was first formed is Delaware.
2. The jurisdiction immediately prior to filing this Certificate is Delaware.
3. The date the corporation first formed is November 12, 2013 as “Enviva Partners, LP” (the “Partnership”). The Partnership converted from a Delaware limited partnership to a Delaware corporation effective December 31, 2021.
4. The name of the Corporation immediately prior to filing this Certificate is Enviva Inc.
5. The name of the Limited Liability Company as set forth in the Certificate of Formation is Enviva, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Conversion on the 6th day of December 2024.

By: 
Jason E. Paral, Authorized Signatory

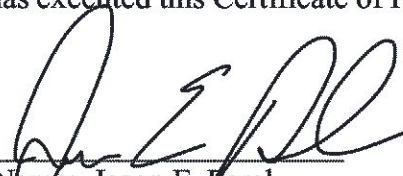
State of Delaware
Secretary of State
Division of Corporations
Delivered 01:23 PM 12/06/2024
FILED 01:23 PM 12/06/2024
SR 20244414742 - File Number 5430606

**STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY**

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. FIRST: The name of the limited liability company is Enviva, LLC.
2. SECOND: The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange St., in the City of Wilmington, New Castle County, DE, Zip Code 19801. The name of its registered agent at such address upon whom process against this limited liability company may be served is The Corporation Trust Company.
3. THIRD: The name and address of the Authorized Person is Jason E. Paral, 7500 Old Georgetown Road, Suite 1400, Bethesda, Maryland, 20814.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation on the 6th day of December, 2024.


Name: Jason E. Paral
Title: Authorized Person

Enviva, LP
7500 Old Georgetown Road, Suite 1400
Bethesda, Maryland 20814

December 6, 2024


Delaware Secretary of State
Division of Corporations
Federal and Duke of York Streets
Dover, DE 19903

Re: Consent to the use of name

To Whom It May Concern:

The undersigned, **Enviva, LP**, hereby gives its consent to use of name to **Enviva, LLC**, which entity is filing its Certificate of Formation in Delaware.

ENVIVA, LP
By: Enviva GP, LLC, its GP

By: 
Name Jason E. Paral
Title: Authorized Officer

Attachment 2 – Request for Transfer of Permit, General Permit Coverage and/or Name Change Form

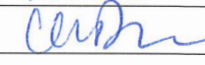
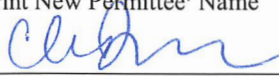

Environmental Permits for Industrial Facilities

Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).

For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

Item I. Facility Name: <u>Lucedale Plant</u> Location: (Do Not Use P.O. Box) Street: <u>150 GM Luce Road</u> City: <u>Lucedale</u> State: <u>MS</u> Zip: <u>39452</u> County: <u>George County</u> Telephone: () _____	Item II. Responsible official after transfer or name change: Name: <u>Clint Pearce</u> Title: <u>Plant Manager</u> Mailing Address: Street/P.O. Box: <u>150 GM Luce Road</u> City: <u>Lucedale</u> State: <u>MS</u> Zip: <u>39452</u> Telephone () _____ Email: <u>clint.pearce@envivabiomass.com</u>
Item III. Previous Permittee ¹ : <u>Enviva Pellets Lucedale, LLC</u> Mailing Address: Street/P.O. Box: <u>150 GM Luce Road</u> City: <u>Lucedale</u> State: <u>MS</u> Zip: <u>39452</u> Telephone: () _____	Item IV. New Permittee ¹ : <u>Enviva, LLC</u> Mailing Address: Street/P.O. Box: <u>150 GM Luce Road</u> City: <u>Lucedale</u> State: <u>MS</u> Zip: <u>39452</u> Telephone: () _____ Email: _____
Item V. Industrial Activity SIC Code: <u>2499</u> Brief Description: <u>Wood Products (not elsewhere classified)</u>	Item VI. Will Facility Operations Change? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, the appropriate applications and permits may require modification prior to change.
Item VII. Will Facility Name Change? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, Provide New Name for Permit Coverage. New Name: <u>Enviva Lucedale</u>	Item VIII. Signature for Name Change Print Name: <u>Clint Pearce</u> Authorized Signature ² :  Title: <u>Plant Manager</u> Date: <u>1/6/2025</u>
Item IX. We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form. From: <u>Envival Pellets Lucedale, LLC</u> To: <u>Enviva, LLC</u> Acquisition Date: <u>12/6/2024</u>	
By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.	
<u>Enviva, LLC</u> Print New Permittee ¹ Name  New Authorized Signature ² <u>Plant Manager</u> <u>1/6/2025</u> Title Date	<u>Enviva Pellets Lucedale, LLC</u> Print Previous Permittee ¹ Name  Previous Authorized Signature ² <u>Plant Manager</u> <u>1/6/2025</u> Title Date

¹ A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.² Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations 11 Miss. Admin. Code Pt. 2, Ch. 2 and Pt. 6, Ch. 1.

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261
(601) 961-5171

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input checked="" type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input checked="" type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
<p>Item XII. Permit(s) and/or Coverage(s) to be Transferred</p>	
<p>Permit Type: <u>Air Construction Permit</u></p> <p>Permit/Coverage No.: <u>0840-00022</u></p> <p>Permit Issuance Date: <u>July 9, 2019</u></p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: <u>18 mo. w/ no construction</u></p>	<p>Permit Type: <u>Ind. Storm Water General NPDES</u></p> <p>Permit/Coverage No.: <u>MSR002463</u></p> <p>Permit Issuance Date: <u>February 2, 2022</u></p> <p>Date of General Permit Coverage: <u>February 2, 2022</u></p> <p>Permit Expiration Date: <u>November 30, 2025</u></p>
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
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<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>OTHER INFORMATION:</p>