Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000094480 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORFORATION SYSTEM
Account Number : FCA000000023

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

### FLORIDA LIMITED LIABILITY CO. **Kinergy Marketing LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04 6
Estimated Charge	\$125.00

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S. YOUNG

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April 20, 2015

# FLORIDA DEPARTMENT OF STATE Division of Corporations

CT CORPORATION SYSTEM

\*RE-SUBMIT\*

SUBJECT: KINERGY MARKETING LLC

REF: W15000027244

Tease retain original filing date of submission 4/17

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable. The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia Young Regulatory Specialist II

App.

FAX Aud. #: H15000094480 Letter Number: 015A00007803

P.O BOX 6327 - Tallahassee, Florida 32314

FILED

### COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	CT: Kinergy Marketing LLC		111111111111111111111111111111111111111		alle and the state of the state
		Name of Limit	ed Liability Company		
The end Existen	closed "Application by Foreign Limited ce, and check are submitted to register	d Liability Con the above refer	npany for Authorization renced foreign limited	on to Transact Business I liability company to tre	in Florida," Certificate of insact business in Florida
Picase i	return all correspondence concerning to	his matter to the	e following:		
	Christopher W. Wrig	ht, General Co	unsel, VP and Sec		
		N	lame of Person		<del></del> -
	Kinergy Marketing L			· · · · · · · · · · · · · · · · · · ·	
		r	irm/Company		
	400 Capitol Mall, St	ulte 2060	Address		
	Sacremento, CA 9		itate and Zip Code		<del></del> -
For funi		dress: (to be use	mate emeil: cwright@d for future annual repo		
	Name of Contact Pers	юп	Area Code	Daytime Telephone I	dumber
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisio Registra Clifton 2661 Es	T ADDRESS; n of Corporations ation Section Building xecutive Center Circle ssee, FL 32301	;	
Enclose		mount: Filing Fee & ate of Status	S155.00 Filing F Certified Copy		ing Foc, Cortificate Certified Copy
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					AR 17
					W IO 54

# 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 Vivore Madestina II C
1. Kinerry Marketing LLC (Norms 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. Oregon 3. 93-1302446
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. Upon Qualification  (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 400 Capitol Mall, Suite 2080
Sacramento, CA 95814-4438
(Street Address of Principal Office)
6. 400 Capitol Mall, Suite 2080
Sacramento, CA 95814-4436
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Managine Manaham Davida Cityanat Ing. a Dalamana agamanatina (appen addense an abama)
Managing Member: Pacific Ethanol, Inc., a Delaware corporation (same address as above)
Corporate Officer: Christopher W. Wright, General Counsel, Vice President and Secretary (same address as above)
400 Capital Mc 11, Suite 2060, Sacramento, CA 95814-4436
8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)  Signature of an authorized person In accordance with section 605.0203, F.S., the execution of this document on the Department of State documents a third degree fellony as provided for in s.817.155, F.S.)  Managing Member: Pacific Ethanol, Inc., a Delaware corporation, signed by:  Christopher W. Wright, General Counsel, Vice President & Secretary  Typed or printed name of signee
1

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of th	e Limited Liability Company is:	
Kinergy Marketing L	LC	
If unavailable, the	alternate to be used in the state of Florida is:	
2. The name and t	the Florida street address of the registered agent and office are:	
	C T Corporation System	
_	(Name)	
	1200 South Pine Island Road	
-	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
_	Plantation FL 33324	
	City/State/Zip	
liability company a registered agent an statutes relating to	d as registered agent and to accept service of process for the above sta to the place designated in this certificate, I hereby accept the appointment and agree to act in this capacity. I further agree to comply with the prov the proper and complete performance of my duties, and I am familiar cons of my position as registered agent as provided for in Chapter 605,	ent as visions of all with and
Statutes. C 1 By:	Corporation System Cardell Rankin Assistant Secretary	77 <b>5</b>
<del></del>	(Signature)	AN T
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	R 17 M D SI

# State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

### Certificate of Existence 483B718G3

I, ROBERT TAYLOR, DEPUTY SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

#### KINERGY MARKETING LLC

is

### Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

ROBERT TAYLOR, DEPUTY SECRETARY OF STATE

4/15/2015