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TO:

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. 1 . 10 1 1	· ·	Rolfso	on Oil, LLC						
UBJI	ECT:	Name	e of Limited Liab	ility Com	ıpany				
	closed "Application by Foreign Limince, and check are submitted to regis								
lease	return all correspondence concerning	g this matter to	o the following:						
	Leigh Jennings								
			Name of Pers	on		<u> </u>		_	
	Rolfson Oil, LLC								
			Firm/Compan	y	· •				
	8361 N. Rampart Range	Rd., Ste. B 20	8						
			Address		• •				
	Littleton, CO 80125								
		С	ity/State and Zip	Code	·-·-				
	ljennings@rolfsonoil.com								
	E-mail s	iddress: (to be	used for future	innual rep	ort notificat	tion)			
or fur	ther information concerning this mat	ter, please cal	ll:					٠	
	Leigh Jennings		616 at (2	91-4879				
	Name of Contact	Person		Code	Daytime	Telephone l	Number		
	Mailing Address: Registration Section	<u>Street Add</u> Registrat		on					
	Division of Corporations			Division of Corporations					
	P.O. Box 6327	The Centre of Tallahassee							
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
	Enclosed is a check for the following Please make check payable to: FL		ARTMENT OF	·	Fee& □	S160.00 F of Sta			rtificate ed Copy

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: Rolfson Oil, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLL.") (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,") 91-1821264 thresdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) Upon registration 8361 N. Rampart Range Rd., Stc. B208 8361 N. Rampart Range Rd., Ste. B208 (Street Address of Principal Office) (Mailing Address) Littleton, CO 80125 Littleton, CO 80125 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **Business Filings Incorporated** Name: 1200 S. Pine Island Rd. Office Address: Plantation (Cirv) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Christopher Frain Name: **≣**Manager □Manager Name: Address: _____ Rampart Range Rd. ☐Member □Member Address: Suite B 208 ☐ Authorized □ Authorized Littleton, CO 80125 Person Person President Other_ Other____ ☐Other____ Other____ Name: Leigh Jennings □Manager □Manager Name: _____ Address: ____ 8361 N. Rampart Range Rd. □Member □Member Address: Suite B 208 ■Authorized ☐ Authorized Littleton, CO 80125 Person Person □Other____ Other_ ___ Other_____ □Other □Manager Name: □Manager □Member Address: _____ □Member Address: ☐ Authorized ☐ Authorized Person Person □Other____ ☐ Other____ □Other____ □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605 0203 (1) (b), Florid Satutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellow as provided for in s.817.155, F.S. Signature of an authorized person

Christopher Frain, President and Manager

Typed or printed name of signee

State of North Dakota SECRETARY OF STATE



Certificate of Good Standing of ROLFSON OIL, LLC

SOS Control ID#: 0000052022

Certificate #: 018958233 - 1

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that, according to the records of this office,

ROLFSON OIL, LLC

a Limited Liability Company - Business - Domestic was formed under the laws of NORTH DAKOTA and filed with this office effective July 3, 1997. This entity has, as of the date set forth below, complied with all applicable North Dakota laws.

ACCORDINGLY, the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing.

DATE: September 9, 2020

Alvin A. Jaeger Secretary of State

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