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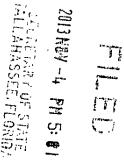
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PICK-UP WAIT MAIL	
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COVER LETTER

Division of Corporations	
SUBJECT: LUKE ENERGY, L.P.	
Name of Florida Limite	ed Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Pa	artnership and fees are submitted for filing.
Please return all correspondence conce	rning this matter to:
Lewis Fromkin	ZIO RELEGIO
Contact Person	
Fromoil Energy Development, LLC	
Firm/Company	U S
5138 NW 109th Terrace	
Address	
Coral Springs, FL 33076	<u> </u>
City, State and Zip Cod	le .
oilandgascounsel@me.com	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this	s matter, please call:
John O'Malley, Esq.	at (954) 865-6832
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following a	mount:
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	•

CR2E030 (01/06)

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

LUKE ENERGY, L.P.		'
(Name of Limited Partnership or Limited Liability Limited Partnership, which must in acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership.		-
5138 NW 109th Terrace, Coral Springs, FL 33076		
(Street address of initial designated office)	L C	2013 HEV
John M. O'Malley, Esquire	主意	
(Name of Registered Agent for Service of Process)	0)	
1360 NW 65 Avenue, Suite N, Plantastion, FL 33313	TT)	7) 11:
(Florida street address for Registered Agent)	925	•
S. I hereby accept the appointment as registered agent and agree to act in this capacity. Somply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent. Signature of Registered Agent		
5 5138 NW 109th Terrace, Coral Springs, FL 33076		
(Mailing address of initial designated office)		
7. If limited partnership elects to be a limited liability limited partnership,	check box	

8. Name and business address of each gene Name:	eral partner: Business Address:
Fromoil Energy Development, LLC	5138 NW 109th Terrace
	Coral Springs, FL 33076
	M11-5401
,	
	() 5. () 5. () 5. () 6. () 6.
9. Effective date, if other than the date of filing:	
(Effective date cannot be prior to nor more filed by the Florida Department of State.)	than 90 days after the date the document is
Signed this day of	Ngust , 2013.
Signature of each general partner: I/We substated herein are true. I/We am/are aware the document to the Department of State constitutions. 817.155, F.S.	
Lowis Fromen mgra	1 July Doll
Beth Frouhn myrn	But
Certified Copy (optional): \$52.5 Certificate of Status (optional): \$8.75	

DEPARTMENT OF STATE

OCTOBER 14, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

FROMOIL ENERGY DEVELOPMENT, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Care ariere

Certification Number: 11389076-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp