

B110VVUUU0202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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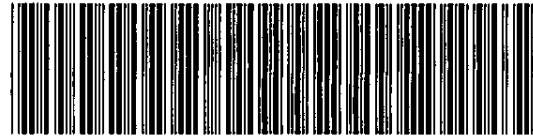
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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B. KOHR

OCT 27 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOREST ONE, L.P.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

John O'Malley, Esquire

Contact Person

Firm/Company

10488 NW 1st Court

Address

Coral Springs, FL 33071

City, State and Zip Code

john@johnomalleylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John O'Malley

Name of Contact Person

at (954)

865-6832

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input checked="" type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. FOREST ONE, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Pennsylvania

State or Country of Formation

3. October 7, 2011

Date of Formation

4. Name of Registered Agent for Service of Process and Florida Street Address:

John O'Malley, Esquire

10488 NW 1st Court

Coral springs, FL 33071

5. 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.


Signature of Registered Agent

7. Principle Office: (Florida Street Address)

5138 NW 109th Terrace

Coral Springs, FL 33076

8. Mailing Address:

5138 NW 109th Terrace

Coral Springs, FL 33076

9. If limited partnership is a limited liability limited partnership, check box ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Fromoil Energy Development, LLC

Name of General Partner: _____

Street Address: 5138 NW 109th Terrace

Street Address: _____

Coral Springs, FL 33076

Mailing Address: 5138 NW 109th Terrace

Mailing Address: _____

Coral Springs, FL 33076

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

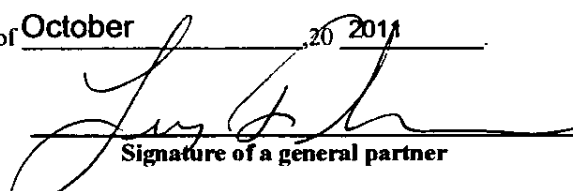
Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 17th day of October, 202011



Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

OCTOBER 21, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

FOREST ONE, L.P.

I, Carol Alchele, Secretary of the Commonwealth of Pennsylvania

**do hereby certify that the foregoing and annexed is a true and correct
copy of**

Certificate of Limited Partnership filed on October 7, 2011

which appear of record in this department.



**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.**

Carol Alchele

Secretary of the Commonwealth



T1128047088

Filed with the Department of Secretary of the Commonwealth

Entity #: 4060141
Date Filed: 10/07/2011
Carol Aichele
Secretary of the Commonwealth

Secretary of the Commonwealth

CERTIFICATE OF LIMITED PARTNERSHIP

DSCB:15-8311 (Rev 90)

In compliance with the requirements of 15 Pa.C.S. § 8511 (relating to certificate of limited partnership), the undersigned, desiring to form a limited partnership, hereby certifies that:

1. The name of the limited partnership is: FOREST ONE, L.P.

2. The (a) address of this limited partnership's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) 4573 Camp Coffman Rd Cranberry PA 16319 Venango
Number and Street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

For a limited partnership represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the limited partnership is located for venue and official publication purposes.

3. The name and business address of each general partner of the partnership is:

Name	Address
<u>Promoil Energy Development, LLC</u>	<u>4573 Camp Coffman Rd.</u>
	<u>Cranberry, PA 16319</u>

4. (Check, and if appropriate complete, one of the following):

☒ The formation of the limited partnership shall be effective upon filing this Certificate of Limited Partnership in the Department of State.

☐ The formation of the limited partnership shall be effective on: _____ at _____
Date Hour

5. The specified effective date, if any, is: _____
month day year hour, if any

IN TESTIMONY WHEREOF, the undersigned general partner(s) of the limited partnership has (have) executed this Certificate of Limited Partnership this 5th day of October, 2011

[Signature]
(Signature) Lewis Franklin

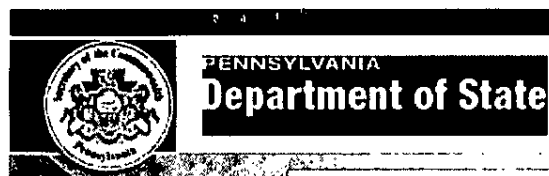
(Signature)

(Signature)

(Signature)

PA DEPT. OF STATE

OCT 07 2011



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Business Entity

Filing History

Date: 10/21/2011 (Select the link above to view the Business Entity's Filing History)

Online Ordering

Business Name History

Name	Name Type
FOREST ONE, L.P.	Current Name

Limited Partnership - Domestic - Information

Entity Number:	4060141
Status:	Active
Entity Creation Date:	10/7/2011
State of Business.:	PA
Registered Office Address:	4573 Camp Coffman Rd Cranberry PA 16319 Venango
Mailing Address:	No Address

Partners

Name:	Fromoil Energy Development, LLC
Title:	General Partner
Address:	4573 Camp Coffman Rd Cranberry PA 16319

