

**B12000000195**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*RE-SUBMIT\***

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

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**FLORIDA/FOREIGN LP/LLLP**  
**Harvest Facility Holdings II LP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

ATTN: Buck  
Kohr

**B. KOHR**

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SEP - 4 2012

**EXAMINER**

<https://efilesonline.org/scripts/efilcovr.exe>

8/30/2012



August 31, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HARVEST FACILITY HOLDINGS II LP  
P.O. BOX 1700  
LAKE OSWEGO, OR 97035

SUBJECT: HARVEST FACILITY HOLDINGS II LP  
REF: W12000045236

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 30 AM 9:52

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.

The Delaware certificate received with this filing was for HARVEST MANAGING MEMBER I LLC. Please resend this filing with a Delaware certificate for HARVEST FACILITY HOLDINGS II LP.

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.

Buck Kohr  
Regulatory Specialist II

FAX Aud. #: H12000216572  
Letter Number: 312A00022219

P.O BOX 6327 - Tallahassee, Florida 32314

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

1. HARVEST FACILITY HOLDINGS II LP

(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.P. or LLP.

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. DELAWARE

State or Country of Formation

3. 2/13/2007

Date of Formation

4. Federal Employer Identification Number: 20-8459920

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

C T Corporation

1200 South Pine Island Road

Plantation, FL 33324

6. 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. C T Corporation System

By: [Signature]

Signature of Registered Agent

Troy Toland, Asst. Secretary

7. Principal Office:

5885 Meadows Road, Suite 500

Lake Oswego, OR 97035

8. Mailing Address:

PO Box 1700

Lake Oswego, OR 97035

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: Harvest Facility Holdings GP LLC

Street Address: 5885 SW Meadows Road Suite 500

Lake Oswego, OR 97035

Mailing Address: PO Box 1700

Lake Oswego, OR 97035

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

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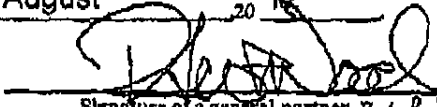
Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

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 29<sup>th</sup> day of August 20 12  
  
Signature of a general partner By R. Scott Wood, Secretary

The individual signing this document affirm 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

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARVEST FACILITY HOLDINGS II LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4300553 8300

120984727

You may verify this certificate online  
at [corp.delaware.gov/authvar.shtml](http://corp.delaware.gov/authvar.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9814028

DATE: 08-29-12