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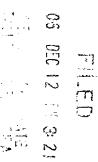
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#### **COVER LETTER**

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06 DEC 12 F# 3:21 TO: New Filing Section LECHTAGE OF HATE Division of Corporations LALLAHASSEE, FLORIDA (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: (Name of Person) OPERATING Co. INC (Firm/Company) For further information concerning this matter, please call: Susan Darnold at (812) 882-54/0
(Name of Person) (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CORE MINERALS OPERATING CO. INC.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
inc., Co., Corp., The, Co., or Corp.,	
0-0-10 0 00-00-16	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in	- Florida)
	21 101104)
2	
•	
4. 2/3/06 5. PERPETUAL  (Date of incorporation) (Duration: Year corp. will cease to exist or "pe	
	rpetual")
6. 3/35/06 (Date first transacted business in Florida, if prior to registration)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 338 N 2ND STREET, SUITE 309 VINCENINES, IN 47591 (Principal office address)	
SAm E (Current mailing address)	
(Current maning address)	
8. OIL PRODUCTION (WE HAVE 2 EMPLOYEES RESIDING IN	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	5 CJ
	<b>2</b> 7
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: JOHN A. GASSER	3 E
	(II)
	I O
GAINES VILLE, Florida 32608 (City) (Zip code)	ω V
(City) (Zip code)	

#### 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

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

12. Names and business áddresses of officers and/or directors:

A. DIRECTORS			
Chairman:			
Address:			
			**
Vice Chairman:			·
Address:			<i>y</i> =
	*	,	<del></del>
	, ,		er egeneral
Director:	ا ا	·	· · · · · · · · · · · · · · · · · · ·
Address:			
	:		: (44
Director:	70	<del></del>	* *
Address:	न्त	<u> </u>	* xx ===
	in the		e e e e e e e e e e e e e e e e e e e
B. OFFICERS	- ' '		
President: JAMES P. RODE		<u>(3</u>	<del></del>
Address: 174 WATERLOLOR WAY \$308			<del>. ;</del> ;
SANTA ROSA BEACH, FL 32459	<del></del>		· · · · · · · · · · · · · · · · · · ·
Vice President: MICHAEL R. MCLEAR		<u></u>	
Address: 514 DEER CREEK DRIVE	*. 		
VINCENNES IN 47591			· . · . · .
Secretary:	,		
Address:	- · · · · · · · · · · · · · · · · · · ·		ξ
Treasurer: JOHN A. GASSER		<del></del>	1 2 7 7 6 7
Address: 9310 S.W. 46th PLACE GAINESVILLE, F.	1. 32	.608	
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or	directors.	
13	<u> </u>		
(Signature of Director or Officer listed in number 12 of the application	1)		
14. MICHAEL K. MCLERR, VICE PRESIDENT (Typed or printed name and capacity of person signing application)			

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### CORE MINERALS OPERATING CO., INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 02, 2006, and was in existence or authorized to transact business in the State of Indiana on December 06, 2006.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Sixth Day of December, 2006.

Godd Copital

TODD ROKITA, Secretary of State

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