

# F070000000784

Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## FOREIGN PROFIT/NONPROFIT CORPORATION

### SMF Energy Corporation

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2/12/07

**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. SMF Energy Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 65-0707824

(FEI number, if applicable)

4. 10/06/2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 200 West Cypress Creek Road, Suite 400, Fort Lauderdale, FL 33309

(Principal office address)

same

(Current mailing address)

8. SEE ATTACHMENT

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

C T Corporation System

By: [Signature]

(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 addresses of officers and/or directors:

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**A. DIRECTORS SEE ATTACHMENT**

Chairman: Richard E. Gathright

Address: 200 West Cypress Creek Road, Suite 400

Fort Lauderdale, FL 33309

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS SEE ATTACHMENT**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. Richard E. Gathright, President

(Typed or printed name and capacity of person signing application)

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## Attachment to Florida Purpose Clause

**To provide commercial mobile and bulk fueling; integrated out-sourced fuel management; packaging, distribution and sale of lubricants and chemicals; transportation logistics; and emergency response services.**

## Officers & Directors

- |   |  |   |
|---|--|---|
| 1 | <b>Full Name:</b><br><b>Officer/Director:</b><br><b>Officer's Title:</b><br><b>Director's Title</b><br><b>Business Address:</b><br><b>City:</b><br><b>State:</b><br><b>ZIP Code:</b>     | <b>Richard E. Gathright</b><br><b>Officer, Director</b><br><b>President and CEO</b><br><b>Chairman</b><br><b>200 West Cypress Creek Road, Suite 400</b><br><b>Fort Lauderdale</b><br><b>FL</b><br><b>33309</b>              |
| 2 | <b>Full Name:</b><br><b>Officer/Director:</b><br><b>Officer's Title:</b><br><b>Director's Title</b><br><b>Business Address:</b><br><b>City:</b><br><b>State:</b><br><b>ZIP Code:</b>     | <b>Michael S. Shore</b><br><b>Officer</b><br><b>Sr. VP, CFO and Treasurer</b><br><br><b>200 West Cypress Creek Road, Suite 400</b><br><b>Fort Lauderdale</b><br><b>FL</b><br><b>33309</b>                                   |
| 3 | <b>Full Name:</b><br><b>Officer/Director:</b><br><b>Officer's Title:</b><br><br><b>Director's Title</b><br><b>Business Address:</b><br><b>City:</b><br><b>State:</b><br><b>ZIP Code:</b> | <b>Louise P. Lungaro</b><br><b>Officer</b><br><b>Corporate Secretary and Dir. Corporate Services</b><br><br><b>200 West Cypress Creek Road, Suite 400</b><br><b>Fort Lauderdale</b><br><b>FL</b><br><b>33309</b>            |
| 4 | <b>Full Name:</b><br><b>Officer/Director:</b><br><b>Officer's Title:</b><br><br><b>Director's Title</b><br><b>Business Address:</b><br><b>City:</b><br><b>State:</b><br><b>ZIP Code:</b> | <b>Robert W. Beard</b><br><b>Officer</b><br><b>Sr. VP, Marketing &amp; Sales and Investor Relations Officer</b><br><br><b>200 West Cypress Creek Road, Suite 400</b><br><b>Fort Lauderdale</b><br><b>FL</b><br><b>33309</b> |

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U. S. DEPARTMENT OF JUSTICE  
WASHINGTON, D. C. 20535

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.



- 10 Full Name: Robert S. Picow  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 200 West Cypress Creek Road, Suite 400  
City: Fort Lauderdale  
State: FL  
ZIP Code: 33309
- 11 Full Name: Wendell R. Beard  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 200 West Cypress Creek Road, Suite 400  
City: Fort Lauderdale  
State: FL  
ZIP Code: 33309
- 12 Officers & Directors Full Name: Steven R. Goldberg  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 200 West Cypress Creek Road, Suite 400  
City: Fort Lauderdale  
State: FL  
ZIP Code: 33309
- 13 Full Name: Nat Moore  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 200 West Cypress Creek Road, Suite 400  
City: Fort Lauderdale  
State: FL  
ZIP Code: 33309
- 14 Full Name: Larry S. Mulkey  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 200 West Cypress Creek Road, Suite 400  
City: Fort Lauderdale  
State: FL  
ZIP Code: 33309

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15 Full Name: C. Rodney O'Connor  
Officer/Director: Director  
Officer's Title: Director  
Director's Title Director  
Business Address: 200 West Cypress Creek Road, Suite 400  
City: Fort Lauderdale  
State: FL  
ZIP Code: 33309

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TALLAHASSEE, FLORIDA

# Delaware

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## The First State

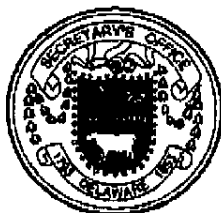
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMF ENERGY CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5412140

DATE: 02-06-07