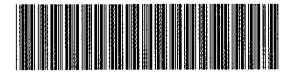
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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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DEPARTMENT OF STATE

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| ION SERVICE COMPANY | |
|--|----------------------|
| ACCOUNT NO. : 12000000195 | · |
| REFERENCE : 689020 4328337 | الله الله |
| AUTHORIZATION : | |
| COST LIMIT : \$ 125.00 | 是是 |
| ORDER DATE : June 14, 2013 PLEASE FILE 1ST** ORDER TIME : 10:30 AM | 13 JUNI 14 M. D. 1-5 |
| ORDER NO. : 689020-005 | |
| CUSTOMER NO: 4328337 | |
| DOMESTIC FILING NAME: PFL PETROLEUM SERVICES GP, LLC | |
| EFFECTIVE DATE: | |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | |
| CONTACT PERSON: Susie Knight - EXT. 52956 | |
| EXAMINER'S INITIALS | : |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|--|
| PFL PETROLEUM SERVICES GP, LLC (Must end with the words "Limited Liability | y Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | ncipal office of the Limited Liability Company is: |
| The mailing address and street address of the prin | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: 5 |
| 1865 Veterens Park Drive | 1865 Veterans Park Drive |
| Sulte 303 | Sulte 303 |
| Naples, FL 34109 | Naples, FL 34109 |
| The name and the Florida street address of the re Curtis R. Chandler Name | gistered agent are: |
| 1865 Veterans Park Drive, Suite | · |
| ۵ | ess (P.O. Box <u>NOT</u> acceptable) |
| Naples | PL 34109 |
| City, State | e, and Zip |
| liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and/complete | |

Page 1 of 2

| | U : F * |
|--|---|
| Title: | Name and Address: |
| "MGR" = Manager | |
| "MGRM" = Managing Member | naging Member(s): ger or Managing Member is as follows: Name and Address: Curtis R. Chandler |
| | <u> </u> |
| MGR | |
| | 1865 Veterans Park Drive, Suite 303 |
| | Naples, FL 34109 |
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| • | e date of filing: , (OPTIONAL) |
| fective date is listed, the date mus or 90 days after the date of filing.) | e date of filing: (OPTIONAL) t be specific and cannot be more than five business days |
| LE V: Effective date, if other than the fective date is listed, the date mus | |
| LE V: Effective date, if other than the fective date is listed, the date mus or 90 days after the date of filing.) REQUIRED SIGNATURE: | |
| LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REOUIRED SIGNATURE: Signature of a mention of the constitutes an affirmation under I am aware that any false information. | t be specific and cannot be more than five business days M. M. M. |
| LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REOUIRED SIGNATURE: Signature of a mention of the constitutes an affirmation under I am aware that any false informations a third degree felonger. | er or an authorized representative of a member, 8,408(3), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true, mation authorized in a document to the Department of State |
| LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REOUIRED SIGNATURE: Signature of a mention of the section of the sec | er or an authorized representative of a member, 8,408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) |
| LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REOUIRED SIGNATURE: Signature of a mention of the section of the sec | er or an authorized representative of a member, 8,408(3), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) , AUTHORIZED REPRESENTATIVE |