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 SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email	Address:	_	 	

Foreign Limited Liability Company Cogent Biofuels, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

C. LEWIS OCT 1 8 2010 EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CCT: Cogent Biofice 13 LC Name of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ice, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Picase	rerum all correspondence concerning this matter to the following:
	Marty Lyons Name of Person
	Cogent Biofula, LLC
	100 Chesterfield Business Parkway, Suite 200
	Che stenfield, MO 63005 City/State and Zip Code
	Esmailaddress: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Aponorva Vansara 21 (832) 775 9054 Name of Person Area Code & Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclo	sed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Cartified Copy S155.00 Filing Fee & S160.00 Filing Fee, Certificate Cartified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
(Name of Foreign Limited Cability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2 Delacore [Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-2429828 (FEI number, if applicable)
4. 4/2C/2010 5. Set Defual (Date of Organization) (Duration: Year lighted liability company will cease to exist or "perpetual")
6. (Date first transacted business in Fiorida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 100 Chesterfield Business Parkway, Suite 200 Chesterfield, MO 63005 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here X
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members of managers are as follows:
Marry Lyons 100 Chesterfield Rusiness Pkwy #200 == 5
10. Attached is an original certificate of existence, no more than 90 days old, duly authoriticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under each of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Marty Form
Signature of a member or an authorized representative of a member.
(In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation under the penalties of partury that the facts stated herein are true. I am aware that any 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.)
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

_	of the Limited Liability	Company is:	
If unavailable	e, the alternate to be use	d in the state of Florida is:	
2. The name	and the Florida street a	ddress of the registered agent and office are:	Dam DOCT
	C T Corporation System		55 5
		(Name)	一般を
	1200 South Pine Island R	ord-	
	Florida St	TO THE STATE OF TH	
	Plantation	FL 33324	
		City/State/Zip	,

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

C T Corporation System
By:

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

5 38.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO SEREBY CERTIFY "COGENT BIOFUELS, LLC" 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 PIFTEENTH DAY OF OCTOBER, A.D. 2010.

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

4816184 8300

100999778

You may varify this certificate online at corp.delaware.gov/authver.shtml

AUTHENTICATION: 8292233

DATE: 10-15-10