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DECEMBER OF THE NAME DIVISION OF THE PROVINCIONS TALL AREAS SET FLORIDA

RECEIVED

SECRETARY OF STATE STATE OF STATE OF CORPORATIONS

11 SEP 30 AM II: 17



ACCOUNT NO. : I2000000195

REFERENCE :

5021613

AUTHORIZATION C

COST LIMIT

ORDER DATE: September 29, 2011

ORDER TIME : 8:53 AM

ORDER NO. : 929411-010

CUSTOMER NO: 5021613

FOREIGN FILINGS

NAME: WEX PB LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY __ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER:

COVER LETTER

TO:

Registration Section Division of Corporations

Wex PB LLC

	N	ame of Limited Liability Company	
The enclosed "Application b Existence, and check are sub	y Foreign Limited Liz mitted to register the	ability Company for Authorization to Transact Business in Florida," above referenced foreign limited liability company to transact busine	Certificate of ess in Florida
Please return all corresponde	ence concerning this n	natter to the following:	
Jacquelyr	ı Werner		
		Name of Person	
Wexford	Capital LP		
		Firm/Company	
411 West	Putnam Ave.		
		Address	
Greenwic	h CT 06830		
		City/State and Zip Code	
jwerner@	wexford.com		
	E-mail address:	(to be used for future annual report notification)	
For further information conce	erning this matter, ple	ase call:	
Jacquelyn Werne	r	at (203) 862-7027	
. Na	ame of Person	Area Code & Daytime Telephone Number	
MAILING ADDRE		STREET ADDRESS:	
Division of Corporat		Division of Corporations	
Registration Section		Registration Section	
P.O. Box 6327	1.4	Clifton Building	
Tallahassee, FL 323	14	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for t			
\$125.00 Filing Fee	\$130.00 Filing F		•

A SER 30 MIL. 1

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Wex PB LLC (Name of Foreign Limited Liability Company; must	t include "Limited Liability Company," "L.L.C.," or "LLC.")
	purpose of transacting business in Florida and attach a copy of the written is alternate name. The alternate name must include "Limited Liability
Delaware (Jurisdiction under the law of which foreign limited liabi company is organized)	purpose of transacting business in Florida and attach a copy of the written is alternate name. The alternate name must include "Limited Liability 3. applied for (FEI number, if applicable) 5. perpetual (Duration; Year limited liability company will cease exist or "perpetual") in Florida, if prior to registration.) 2 F.S. to determine penalty liability)
4. September 29, 2011 (Date of Organization)	5. perpetual (Duration: Year limited liability company will cease exist or "perpetual")
6. upon qualification (Date first transacted business (See sections 608 501 & 608 501	in Florida, if prior to registration.) 2 F.S. to determine penalty liability)
7. 411 West Putnam Ave.	21.5. to determine penany manney)
Greenwich CT 06830 (Street Add	dress of Principal Office)
8. If limited liability company is a manager-mana	· · · · · <u></u>
9. The name and usual business addresses of the wexford Capital LP	managing members or managers are as follows:
411 West Putnam Ave.	
Greenwich CT 06830	
	n 90 days old, duly authenticated by the official having custody of records in a coopy is not acceptable. If the certificate is in a foreign language, a submitted.)
11. Nature of business or purposes to be conducted	ed or promoted in Florida:
Investment	
Signature of a member or a	n authorized representative of a member.
penalties of perjury that the facts stated herein a document to the Department of State consti	execution of this document constitutes an affirmation under the are true. I am aware that any false information submitted in a stutes a third degree felony as provided for in s.817.155, F.S.) exford GP LLC, the GP of Wexford Capt L P

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.

1. The name of the Limited Liability Company is:						
If unavailal	If unavailable, the alternate to be used in the state of Florida is:					
2. The nam	ne and the Florida street address	of the registered agent and office are:				
	Corporation Service Compa					
		(Name)				
	1201 Hays Street					
		dress (P.O. Box NOT ACCEPTABLE)				
	Tallahassee	FL 32301				
		City/State/Zip				
liability con agent and a relating to t	npany at the place designated in t gree to act in this capacity. I furt he proper and complete performa	•				
	By: (Sign	ature) Stephanie Mulnee Stephanie K. Milnes Assistant Vice President				
	, ,	- Vasiomir Aloo I testabir				
	\$ 100.00	9 12				
	\$ 25.00 \$ 30.00					
	\$ 5.00	Certificate of Status (optional)				

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WEX PB 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 TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEX PB LLC"
WAS FORMED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2011.

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

5045397 8300

111056313

DATE: 09-29-11

(CATION: 9063289

Jeffrey W. Bullock, Secretary of State

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