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| (Req | uestor's Name) | |
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| (City. | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Na | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only

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EXAMINER



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CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT:

KATIE WONSCH

DATE:

01/19/2012

REF. #:

RA4164.160187

() MERGER

CORP. NAME: PAB 1ST PETROLEUM LLC

() ARTICLES OF INCORPORATION

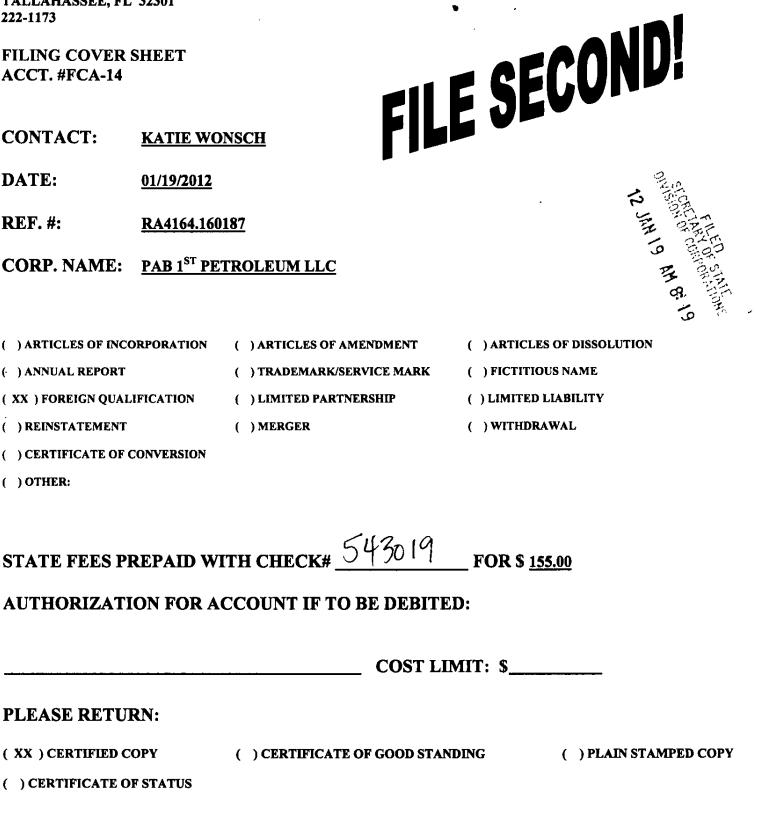
(XX) FOREIGN QUALIFICATION

() CERTIFICATE OF CONVERSION

(-) ANNUAL REPORT

() REINSTATEMENT

() OTHER:



Examiner's Initials

PLEASE RETURN:

(XX) CERTIFIED COPY

() CERTIFICATE OF STATUS

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| LIMITED LIABILITY COMPANY TO TRANSACT BOSINESS IN THE STATE OF PLOKIDA: |
|--|
| PAB 1ST PETROLEUM LLC |
| 1. PAB 1ST PETROLEUM LLC (Name of Foreign Limited Liability 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 writte |
| consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability" |
| Commence Part Carattan |
| |
| 2. Delaware 3. Applied For 5 |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) |
| 3 |
| 4. January 13, 2012 5. Perpetual 5 |
| |
| |
| 6. Upon registration |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| |
| 7. 1421 Pine Ridge Road, Suite 100 |
| |
| Naples, Florida 34109 |
| (Street Address of Principal Office) |
| 0 If limited liebility common is a manager and a second at the last last last liebility and a second at the last last last last last last last last |
| 8. If limited liability company is a manager-managed company, check here 🔽 |
| 9. The name and usual business addresses of the managing members or managers are as follows: |
| 7. The name and data business addresses of the managing members of managers are as follows. |
| Brian Van Slyke - 1421 Pine Ridge Road, Suite 100, Naples, FL 34109 |
| |
| Leslie Dillon Carter, III - 1421 Pine Ridge Road, Suite 100, Naples, FL 34109 |
| |
| Maite Mendiola - 5301 Blue Lagoon Drive, Suite 200, Miami, FL 33126 |
| 10 Aug 1 - 12 3 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the initial factor of the control of the c |
| 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 oath of the translator must be submitted.) |
| 11. Nature of business or purposes to be conducted or promoted in Florida: Any lawful |
| |
| business permitted by the laws of the State of Florida. |
| |
| |
| Signature of a member or an authorized representative of a member. |
| (In accordance with section 608.408(3), F.S., the equation of this document constitutes an affirmation under the penalties of perjury 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.) |
| Brian Van Slyke |
| Typed or printed name of signee |
| 13 per or printed traine or 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: | |
|--|---------------|
| PAB 1ST PETROLEUM LLC | |
| If unavailable, the alternate to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are: | , |
| NRAI Services, Inc. | |
| (Name) | |
| 515 East Park Avenue | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| Tallahassee _{FL} 32301 | |
| 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.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 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 "PAB 1ST PETROLEUM 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 SEVENTEENTH DAY OF JANUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAB 1ST

PETROLEUM LLC" WAS FORMED ON THE THIRTEENTH DAY OF JANUARY, A.D.

2012.

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

5095533 8300

DATE: 01-18-12

AUTHENTACATION: 9305330

Jeffrey W. Bullock, Secretary of State

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