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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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### Foreign Limited Liability Company TOCALA, LLC

Certificate of Status	0
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K. SALY EXAMINER MAY 29 2012

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CT CORPORATION

5/25/2012

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#### COVER LETTER

exib recor.	rocala, lec		
20pmC1: -		Name of Limited Liability Company	
The enclosed ' Existence, and	'Application by Foreign Limited is check are submitted to register the	Liability Company for Authorization to Transact Business in Plorida he above referenced foreign limited liability company to transact business.	" Certificate o iness in Florid
Please return a	Il correspondence concerning this	s matter to the following:	•
	MIKE PUMPHREY		
		Name of Person	
	TELLUS ENERGY, LLC		
		₽irn√Company	
	602 CRESCENT PLACE, SUI	TE 100	
		Address	
	RIDGELAND, MS 39157		
		City/State and Zip Code	
	mpumphrey@tellusoperating.co		
	E-mail address	e (to be used for future annual report natification)	•
For further infor	rmation concerning this matter, pl	lease call:	
MIKE	PUMPHREY	at (601 ) 898-7444	
	Name of Person	Area Code & Daytime Telephone Number	
Divisio	NG ADDRESS: n of Corporations ation Section	STREET ADDRESS: Division of Corporations Registration Section	
P.O. Bo Taliaha	ix 6327 890c, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	•
	check for the following amo Filing Fre \$\int\\$130.00 Filing I Certificate of St	Fee & \$\bigcip\$155.00 Filing Fee & \$\bigcip\$160.00 Filing Fee, Certificate	e

PLOST - 19715/2019 C T System Online

## 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1. TOCALA, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
Traine or several similar supplies on party, inter motion comments company, successive sections, see also	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writ consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	iten
2, MISSISSIPPI  (Jurisdiction under the law of which foreign limited liability company is organized)  3. NA  (FBI number, if applicable)	
4. APRIL 13, 2012  (Date of Organization)  5. PERPETUAL  (Duration: Year limited liability company will cross to exist or "perpetual")	
6. NA	•
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 602 CRESCENT PLACE, SUITE 100	12
RIDGELAND, MS 39157	12 型
(Street Address of Principal Office)	25
8. If limited liability company is a manager-managed company, check here	1
9. The name and usual business addresses of the managing members or managers are as follows:	. 1
RICHARD H. MILLS, JR.	n
602 CRESCENT PLACE, SUITE 100	
RIDGELAND, MS 39157	
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 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 eath of the translator must be submitted.)	n
11. Nature of business or purposes to be conducted or promoted in Florida: Contracting with service	
providers and obtaining leases of real property interests.	
Dried Toughtson	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the ponalties 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 follows as provided for in s.817.155, F.S.)  MIKE PUMPFIREY, HOUSE COUNSEL	•
Typed or printed name of signee	

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### 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.

	and the state of Planta in	
it unavaltaore, u	ne alternate to be used in the state of Florida is:	
77h	deta Classida service adduses of the ancient and account and affine one.	
. The name an	I the Florida street address of the registered agent and office are:	
,	CT Corporation System	
,	T Corporation System (Name)	
	(Name)	·
	(Name) 200 South Pine Island Road	

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.

By: James Halpin
Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

PL057 - 10/05/2010 C F System Celler

# State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

#### CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

TOCALA, LLC

Formed April 13, 2012

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

270 TRACE COLONY PARK, SUITE A RIDGELAND MS 39157

and that the registered agent at that address is:

MONROE, CLARK

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

A STATE OF THE STA

Given under my hand and seal of office May 25, 2012

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 12734298-1 Page 1 of 1 Reference:

Verify this partificate online at https://business.sos.state.ms.us/cort/soskb/verify.asp