# Alorida Department of State bivition of Corpolations Sectoric Filing Cover Sheet 70

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\*RE-SUBMT\*

Division of Corporations
Fax Number : (950) 617-6383 Please relain original filing

From:

Account Name : C T CORPORATIO Gle of Submission 7/2

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

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

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LLAHASSEE, FLORIDA

### Foreign Limited Liability Company Simons Petroleum, LLC

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EXAMINER



July 3, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: SIMONS PETROLEUM, LLC

REF: W12000035339

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover smeet

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H12000173550 Letter Number: 012A00017953

\*RE-SUBMIT\*
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date of submission 7/2

P.O BOX 6327 - Tallahassee, Florida 32314

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#### COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	CT: SIMONS PETROLEUM, LLC				
	N	lame of Limited Liability Company			
		ability Company for Authorization to Transact Business in Florida," above referenced foreign limited liability company to transact business.			
Please I	eturn all correspondence concerning this r	natter to the following:			
		Name of Person			
	<del></del>	Firm/Company			
		Address	Sign	A	
		Address	MVTI TANET	2 JUL	ar 11.
		City/State and Zip Code	ARY C	-2/	
	P-muil address:	Hward@maxumpetroleum.com (to be used for future annual report notification)	71	E	情數
For furth	ner information concerning this matter, ple		S-FATE LORUDA	<b>9</b> : 30	
	, , , , , , , , , , , , , , , , , , ,	at (			
	Name of Person	Area Code & Daytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tullahassee, FL 32301			
Enclose	ed is a check for the following amo \$125.00 Filing Fee \$\infty\$130.00 Filing F Certificate of St	ee & 5155.00 Filing Fee & 5160.00 Filing Fee, Certificate			

FL357 - 14/05/2018 CIT Filting Manager 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:

1. SIMONS PETROLEUM, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name imavallable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wricconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," L.C.")	
2. Oklahoma 3. 73-0768059	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 06/14/2012  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")	
6. Upon Qualification	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 210 Park Ave., Suite 1800, Oklahoma City, OK 73128	
And the second s	ズ
	<b>\</b>
3. If limited liability company is a manager-managed company, check here   A  A  A  A  A  A  A  A  A  A  A  A  A	~  ⊁
). The name and usual business addresses of the managing members or managers are as follows: 📆 🔠	-2 XH 9
	က် နို
	ພ ວ
<ol> <li>Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records to jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a analation of the certificate under ceth of the translator must be submitted.)</li> </ol>	) in
1. Nature of business or purposes to be conducted or promoted in Florids:	
Marketing and distribution of petroleum products and related services	
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 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.)  Belieds Foxworth	
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.

1. The name of the Limited Liability Company is:		
SIMONS 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:	12 JUL -2	n.ib.s
C T Corporation System C	<b>2</b> 2	_
(Name)		
1200 South Pine Island Road	AH 9: 30	C
Florida Street Address (P.O. Box NOT ACCEPTABLE)	30	
Plantation FL 33324		
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 register 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 notition as a registered doesn't as provided for in Chapter 608, Florida Statutes.  Kristin Bolden  By: CT Corporation System  ———————————————————————————————————	ed	

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

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#### OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entitles to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>SIMONS PETROLEUM</u>, <u>I.I.C.</u> whose registered agent is <u>THE CORPORATION COMPANY</u>, with its registered office at <u>1833 S MORGAN RD</u> <u>OKIAHOMA CITY 73128 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.

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IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 2nd, day of July, 2012.

Secretary Of State