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 forture annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company **AMYRIS FUELS, LLC**

Certificate of Status	0
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https://efile.sunbiz.org/scripts/efilcovr.exe

7/31/2014

COVER LETTER

TO:

Registration Section Division of Corporations

AMYRIS FUELS, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

VINCENT FONTANILLA

AMYRIS INC.

Firm/Company

5885 HOLLIS STREET, SUITE 100

EMERYVILLE, CA 94608

PARALEGAL@AMYRIS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VINCENT FONTANILLA at 415 Aren Code Daysline Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallaliassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Taliohassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

Certified Copy

□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ANNUA CUCLO LLO	NSACT BUSINESS IN THE STATE OF FLORIDA:
1. AMYRIS FUELS, LLC (Name of Foreign Limited Liability Company: n	nust include "Limited Liability Company," "L.L.C.," or "LUC.")
(If name unavailable, enter alternate name adopted for the purp Liability Company," "L.L.C," or "LL.C.")	pose of transacting business in Florida. The atternate name must include "Limited
_{2.} DELAWARE	₃ 26-3568490
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. Upon filing	E. Co
(Date first transacted but (See sections 605,0904 & 6	sinces in Florida, if prior to registration.) 05,0905, F.S. to determine penalty liability)
	TE 100, EMERYVILLE, CA 94608 🗀 😩
(Street	Address of Principal Office)
6, 5885 HOLLIS STREET, SUIT	TE 100, EMERYVILLE, CA 94608
	(Mailing Address)
7. The name, title or capacity and address of the	he person(s) who has/have authority to manage is/are:
NICHOLAS KHADDER, SECR	
5885 HOLLIS STREET, SUITE	100, EMERYVILLE, CA 94608
	e, no more than 90 days old, duly authenticated by the official der the law of which it is organized. (A photocopy is not
	uage, a translation of the certificate under oath of the translator
must be submitted)	1
	W
(In accordance with section 605.0203, F.S., the execution of this docum	re of an authorized person ment constitutes an affirmation under the penalties of perjury that the focts stated herein are true. I epartment of State constitutes a third degree felony as provided for in a.217.135, F.S.)
	AS KHADDER
Typed or 1	printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailable, the a	Iternate to be used in the state of Florida is:	
····		
2. The name and th	Florida street address of the registered agent and office are:	
	CT Corporation System	
	(Name)	
	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation FL 33324	
	Plantation FL 33324 City/State/Zip	
liability company at registered agent and statutes relating to th	as registered agent and to accept service of process for the above st the place designated in this certificate, I hereby accept the appointn agree to act in this capacity. I further agree to comply with the pro- te proper and complete performance of my duties, and I am familian is of my position as registered agent as provided for in Chapter 605,	nent as ovisions of all ovith and
liability company at registered agent and statutes relating to th accept the obligation	the place designated in this certificate, I hereby accept the appoints agree to act in this capacity. I further agree to comply with the prove proper and complete performance of my duties, and I am familians of my position as registered agent as provided for in Chapter 605,	nent as ovisions of all ovith and i, Florida
liability company at registered agent and statutes relating to th accept the obligation	the place designated in this certificate, I hereby accept the appointn agree to act in this capacity. I further agree to comply with the pro c proper and complete performance of my duties, and I am familian	nent as ovisions of all ovith and i, Florida

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "AMYRIS FUELS, 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 THIRTIETH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4607437 8300

141016637

You may verify this cortificate online at corp. delaware.gov/authvor.shtml

jeffrey W Bullock, Secretary of State

NUTHENTICATION: 1581030

DATE: 07-30-14