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COVER LETTER

TO:		ation Section n of Corporation	s						
SUBJE	PO	RTABULL FŲÉ	L SERVICE, LLC						
			Name of I	imited Liability (Company				
						nsact Business in Florida," Corompany to transact business			
Please	return all o	correspondence c	oncerning this matter to the	following:					
		CHELSEA WII	LLIAMS						
	Name of Person								
	PORTABULL FUEL SERVICE, LLC								
Firm/Company									
	2438 HWY 98 EAST								
				Address					
		COLUMBIA, MS 39429							
			City/St	ate and Zip Code					
	(CHELSEA.WILI	LIAMS@PORTABULLFUE	EL.COM					
	-		E-mail address: (to be used	for future annual	report noti	ification)			
For furt	her inforn	nation concerning	g this matter, please call:						
	CHELS	EA WILLIAMS		601 at (633-648	39			
		Name of	f Contact Person	Area Code	Dayı	time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							
Enclose		ck for the followi 00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	■ \$160.00 Filing Fee, Certi of Status & Certified Copy	ificate		

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:

	SINESS IN THE STATE OF FLORIDA.					
1. PORTABULL FUEL SI	•					
(Name of Fore	ign Limited Liability Company; mus	t inclu	ide "Limited Liab	ility Company," "L.L.C.," o	r "LLC.")	
(If name unavailable, enter alt Liability Company," "L.L.C,"	ernate name adopted for the purpose	of tra	unsacting business	in Florida. The alternate na	me must include "Limited	
2. MISSISSIPPI	or LEC.)		27-2661593			
2. (Jurisdiction under the law of which foreign limited liability 3.				(FEI number, if applicable	<u>e)</u>	
company is organized)	,			(,	
4	(D. (C		H 1		_	
	(Date first transacted busines (See sections 605.0904 & 605.0	ss in F 0905,	F.S. to determine	registration.) penalty liability)		
5. 2438 HWY 98 EAST, 0	COLUMBIA, MS 39429				28	
					- 15 S TI	
·····	(Street Address of P	rincin	al Office)		- 岩。二	
2438 HWY 98 EAST, C		шегр	ai Office)		ENSSEE FLORIG	
0	•			- W.	- SER P	
	(Mailing A	ddres	s)		33	
7. Name and street address	of Florida registered agent: (P.	Э. Во	x <u>NOT</u> accepta	ble)	500	
Name:	NORTHWEST REGISTE	RED	AGENT LLC		,	
Office Address: 3030 N. Rocky Point Drive, STE 150A						
	TAMPA			, Florida 33607		
	(City)			(Zip code)		
Registered agent's accept	ance: ristered agent and to accept serv	iaa at	Famonage for the	ahaya etatad aamanatia	n at the place designated in	
this application, I hereby a	eccept the appointment as registe	ered a	process for the igent and agree	to act in this capacity. I	d at the place designated in further agree to comply	
	tatutes relative to the proper and	com	plete performa	nce of my duties, and I a	m familiar with and accept	
the obligations of my posit		rom.	Clavar/Corr	otami/Northwort D	agistarad Agant II C	
	·			etary/Northwest Ri	egistered Agent LLC	
	(Registe	rea ag	gent's signature)			
8. The name, title or capac	city and address of the person(s)	who l	nas/have authori	ty to manage is/are:		
CHELSEA WILLIAMS- C	CONTROLLER-2438 HWY 98 E	E, CO	LUMBIA, MS	39429		
JONATHAN DUHON- CI	HEIF OPERATING OFFICER- 2	2438	HWY 98 E, CO	LUMBIA, MS 39429		
JONATHAN JONES- CH	IEF EXECUTIVE OFFICER- 24	38 H	WY 98 E, COL	UMBIA, MS 39429		
Attached is a certificate of	of existence, no more than 90 day	w old	duly outhontic	ated by the official having	- austadu af rasarda in tha	
jurisdiction under the law o	f which it is organized. (If the ce	rtifica	, dury admender ate is in a foreign	n language, a translation o	of the certificate under oath	
of the translator must be sul	bmitted)		11111			
			WILL	(UU)		
•	Signature of	of an a	uthorized person			
This document is executed	in accordance with section 605.03	203 (1) (b), Florida S	tatutes. I am aware that ar	ny false information	
submitted in a document to	the Department of State constitut	es a t	hird degree felor	ny as provided for in s.81	7.155, F.S.	

Typed or printed name of signee



DELBERT HOSEMANN Secretary of State

FILED 2015 SEP 14 PM 4: 40 SECRETARY OF STATE FALL AHASSEE. FLORID

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

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:

PORTABULL FUEL SERVICE, LLC

Registered the 25th day of May, 2010

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:

2438 Highway 98 East Columbia, MS 39429

And that the registered agent at that address is:

Jones, Jonathan

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.

Given under my hand and seal of office the 11th day of September, 2015

Nosemann, 1.

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN15014547

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx