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COVER LETTER

TO:		tration Section on of Corporations	
SUBJE	ECT: _	SAGM Holdings, LLC	
		Nan	ne of Limited Liability Company
			bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida
Please	return al	correspondence concerning this ma	atter to the following:
		Carol Whitehea	d, Paralegal, Legal Department
			Name of Person
		SAGM Holdings	s, LLC
			Firm/Company
		8235 Forsyth B	oulevard, Suite 400
			Address
		St. Louis, MO 6	3105-1623
			City/State and Zip Code
		cwhitehead@ap	exoil.com
	,	E-mail address:	(to be used for future annual report notification)
For furth	her infor	mation concerning this matter, pleas	se call:
		Carol Whitehead	et (314) 854-8508
		Name of Contact Person	at (314) 854-8508 Area Code Daytime Telephone Number
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 see, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
		check for the following amount 00 Filing Fee \$130.00 Filing Certificate of 3	Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate

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:

1.	SAGM Holdings, LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "	L.L.C.," or "LLC.")
(If nam Liabilit	ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The aility Company," "L.L.C," or "LLC.")	lternate name must include "Limited
2.	Delaware 3. 20-4008223	
(Juris com	urisdiction under the law of which foreign limited liability (FEI number company is organized)	, if applicable)
4		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5		
	8235 Forsyth Boulevard, Suite 400, St. Louis, MO 63105-1623	
	(Street Address of Principal Office)	.
5		
	(Mailing Address)	
	The name, title or capacity and address of the person(s) who has/have authori P.A. Novelly, II, Manager	ty to manage is are.
8	8235 Forsyth Boulevard, Suite 400, St. Louis, MO 63105-1623	
aving ccepta	ttached is an original certificate of existence, no more than 90 days old, duly ng custody of records in the jurisdiction under the law of which it is organize ptable. If the certificate is in a foreign language, a translation of the certificate to be submitted)	d. (A photocopy is not
	Signature of an authorized person ordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties are that any false information submitted in a document to the Department of State constitutes a third degree felony	of perjury that the facts stated herein are true as provided for in s.8177155, F.S.)
	Christopher J. Schmitt, Assistant Secretary	
	Typed or printed name of signee	MY 26 P

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.

1. The name of the Limited Liability Company is:

C T Corporation System

`unavailat	ole, the alternate to be used	in the state of Florida is:	
. The nam	ne and the Florida street add	lress of the registered agent and office are	:
	C T Corporation System		
	1200 South Pine Island Ro	ad	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FL 33324	
		City/State/Zip	
ability com gistered ag atutes rela	pany at the place designated gent and agree to act in this ting to the proper and comp	and to accept service of process for the abo d in this certificate, I hereby accept the app capacity. I further agree to comply with th lete performance of my duties, and I am fai registered agent as provided for in Chapte	pointment as he provisions of a miliar with and

(Signature)

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

Laura Broderick

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SAGM HOLDINGS, 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 TWENTY-FIFTH DAY OF MAY, A.D. 2016.

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

Authentication: 202379743

Date: 05-25-16

4086793 8300 SR# 20163718757