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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:

(Date liest transacted business in Florida, if prior to registration) (See sections of 9904 & 605 (9905, F.S. to determine penalty) liability) 7901 4th St N (Sincet Address of Principal Office) STE 300 (Mailing Address) (STE 300 (Fig. number of stransacted business in Florida, if prior to registration) (Street 300 (Mailing Address) (Mailing Address) STE 300 (Mailing Address) STE 300	The shirth foreign limited turbility company is arganized) St. N (Pell number, of spripelity) (See sections sids 1904 & 603 1905, E.S. to determine penalty liability) STE 300 STE 300 St. Petersburg FL 33702 Registered Agents Inc.	Wyoming (I) Unsafetian under the Law of which fareign limited liability company is organized) (FEI number, of springly limited liability company is organized) (FEI number, of springly limited liability company is organized) (FEI number, of springly limited liability company is organized) (FEI number, of springly liability) (FEI number) (FEI number) (FEI number) (FEI number) (FEI number) (FEI number) (FE	(Name of Foreign	er County LLC Limited Liability Company; must include "Li	nuted Liability Compa	ve ^{mm} T C "Ac"HT	. +1	
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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: _{Name:} Jimmy Gazneli Manager Manager Manager Name: Address: 7901 4th St N STE 300 Member Member Address: St. Petersburg FL 33702 ■Authorized Authorized Person Person Other_ Other____ Other_ ■ Manager Name: _____ Manager | Member Address: _____ ☐ Member Address: Authorized ☐ Authorized Person Person Other____ Other____ Other Other____ Manager Name: Manager Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other____ Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 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. Signature of an authorized person Riley Park Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

PETRO1-Archer county LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 15, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000856360**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly deherated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of September, 2019 at 2:39 PM. This certificate is assigned 632782833.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://www.ice.gov.and.following.the.instructions displayed under Validate Certificate