9/2/2020

Division of Corporations

Int this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000304837 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:___

Foreign Limited Liability Company Pro Petroleum LLC

Certificate of Status	U
Certified Copy	l l
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu — Corporate Filing Menu

Help



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

Petroleum LLC				
(Name of Foreign	Limited Liability Company, must include "Limited	Liability Company," "L.L.C.," or "LLC.")		
unavariable, enter akernate	name adopted for the purpose of transacting his incre in Flo	nda. The alternate name must include "Limited Liability Company," "L. L. C," or		
laware		75-2279730		
	chich foreign limited liability company is organized)	3.		
eisdiction under the law of v	rich foreign limited liability company is organized)	(FEI number, if applicable)		
···	Date first transacted brisiness in Florida, if prite to it	estration)		
	(See sections 603.0904 & 603.0905, F.S. to determine	e penalty liability)		
710 4th Street		4710 4th Street		
oddress of Principal Office)		O. (Mailing Address)		
ubbock, Texas 79416		Lubbock, Texas 79416		
	,	GUODACK, TEXAS 17410		
ame and <u>street addre</u>	ss of Florida registered agent: (P.O. Box C T Corporation System	<u>NOT</u> acceptable)		
ame and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box C T Corporation System	NOT acceptable)		
	_ ,	NOT acceptable)		
Name:	C T Corporation System	NOT acceptable)		
Name:	C T Corporation System 1200 South Pine Island Road	33324		
Name: Office Address:	C T Corporation System 1200 South Pine Island Road Plantation (City)	33324 25 26 26 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28		
Name: Office Address: stered agent's acce	C T Corporation System 1200 South Pine Island Road Plantation (City) ptance: egistered agent and to accept service of p	Florida 33324 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Name: Office Address: stered agent's acceing been named as r	C T Corporation System 1200 South Pine Island Road Plantation (City) ptance: egistered agent and to accept service of partion, I hereby accept the appointment as	Florida 33324 (Cope code) (Cop		
Name: Office Address: stered agent's accessing been named as related in this applicately with the provisional provisions.	C T Corporation System 1200 South Pine Island Road Plantation (City) plance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper	rocess for the above stated limited liability company at registered agent and agree to act in this capacity of fund and complete performance of my duties, and I any fumi		
Name: Office Address: stered agent's accessing been named as related in this applicately with the provisional provisions.	C T Corporation System 1200 South Pine Island Road Plantation (City) ptance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent.	Florida (Zap code) rocess for the above stated limited liability company at registered agent and agree to act in this capacity of fund complete performance of my duties, and I am funities		
Name: Office Address: stered agent's access been named as research this applicated in this applicated the obligation	C T Corporation System 1200 South Pine Island Road Plantation (City) plance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper	rocess for the above stated limited liability company at registered agent and agree to act in this capacity of fund and complete performance of my duties, and I any fumi		

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:
⊡Manager	Name: Mark Griffin	□Manager	Name:	
□IMember	Address: 4710 4th Street	□Member	Address:	
[] Authorized	Lubbock, Texas 79416	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person	************	
[]Other	Other	Other		□Other
□Manager	Name:	□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. Non-indexed 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.

MARK GRIFF N
Typed to printed name of supre



Page 1

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

DELAWARE, DO HEREBY CERTIFY "PRO PETROLEUM 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 FIRST DAY OF SEPTEMBER, A.D. 2020.

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

a at corn delaware gov/auti

Authentication: 203578818

Date: 09-01-20