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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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Foreign Limited Liability Company OFFEN PETROLEUM, LLC

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Þ		COVER LETTER		
	egistration Section ivision of Corporations		,	
4	Offen Petroleum, LLC			
SUBJECT	,		_	
	Nan	ne of Limited Liability Company		
The enclose Existence,	ed "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Floridate referenced foreign limited liability company to transact but	a," Certifica siness in Fl	ite of orida.
Please retu	m all correspondence concerning this matter	to the following:		
	Lori Amold		- ~	
		Name of Person	2021 MAR	
	Sponcer Fane LLP	•.5		7
		Firm/Company	_ - သ	1
	1000 Walnut Street, Suite 1400	い のC Mつ	PH	ار ال
		Address		لب
		112	<u> </u>	
	Kansas City, MO 64106	11	<u> </u>	
		City/State and Zip Code		
	lamold@spencerfane.com			
	E-mail uddress: (10	be used for future annual report notification)		
For further	r information concerning this matter, please c	all:		
	ori Amold	816 474-8100		
-	Name of Contact Person	Area Code Daytime Telephone Number	r r	
<u>N</u>	Iniling Address:	Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Т	allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303		
P	inclosed is a check for the following amount: lease make check payable to: FLORIDA DE \$125.00 Filing Fee	Fee & S155.00 Filing Fee & S160.00 Filing F		

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:

Offen Petroleum, LLC	mited Liability Company, must include "Limited	Liabilit	y Company	ייים בובריי.	ne "LLC.")			_
							202	_
nime unavailable, enter alternate nau	ne adopted for the purpose of transacting business in Fle	orida. The	alternate ma	ne must includ	kal batamıl" s	hility Company.	ll <u>C.</u> nz	<u> روزي،</u>
Colorado			84-110	1310			AR -	
(Jurisdiction under the law of which	ch forcign limited hability enempany is organized)	•			(FEI member	r, (Capplicable)	ယ	
						급류	<u>-5</u>	g " "
	(Date first transacted business in Florida, if prair to the exclient 605 0004 & 605,0005, F.S. to determine	registratio	n.) z kability)			— ms	1111	الحييدة ؟
5100 East 78th Avenue	(See accions ous ossis at business, First at success	— (,		ast 78th A	venue	- ! 	į.	
et Address of Principal Office)		6.	- (Ma	iling Address)				_
	222		Comme	rce City, (00 80022			
Commerce City, CO 800	J22							<u>.</u>
Name:	of Florida registered agent: (P.O. Box Capitol Corporate Services,							
Office Address:	515 E Park Avre. Floor 2							
	Tallahassee			, Florida _	32301			
	(City)				(/ip code)			
esignated in this application comply with the provision	istered agent and to accept service of t ion, I hereby accept the appointment a ons of all statutes relative to the proper of my position as registered agent.	rand c Kim	amplete Tadloc	<i>performar</i> k, Asst.	sec. on t	luties, and I o behalf		
	him Tadlock	of Ca	ipitol C	lorporate	Service	s, Inc.		
•	(Registered agent's	E gasture	;					

8. For initial indexing purposes, lis	t 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	Y: Name and Address:
Manager	Name: Offen Petroleum Holdings, LLC	□Manager	Name:
□Member	Address: 5100 East 78th Avenue	□Member	Address:
□Authorized	Commerce City, CO 80022	□Authorized	
Person		Person	
Other	Other	Other	\sim \sim \sim \sim
□Manager	Name: Offen Petroleum Holdings, LLC	□Manager	Name: F
■Member	Address: 5100 East 78th Avenue	□Meinber	Address:
□ Authorized	Commerce City, CO 80022	□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.

Signature of an authorized person

Offen Petroleum Holdings, LLC by William Gallagher, Manager

Typed or printed mans: of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

OFFEN PETROLEUM, LLC

Limited Liability Company

formed or registered on 09/15/1988 under the law of Colorado, has complied with all applicable) requirements of this office, and is in good standing with this office. This entity has been assigned entity, identification number 19881085837.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/01/2021 that have been posted, and by documents delivered to this office electronically-through 03/03/2021 @ 09:18:10 -

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/03/2021 @ 09:18:10 in accordance with applicable law. This certificate is assigned Confirmation Number 12988031



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http:// www.sos.state.co.us/ click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."