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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)	_			
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				



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COVER LETTER

TO: Registration Section

SUBJECT: Petroleum Tec,	Name of Limited Liability Company
	Name of Limited Liability Company
	pility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this ma	atter to the following:
M.	Scott Knowles 3 3 7
Petrolei	Firm/Company
	Firm/Company
5420 Power	nouse. H. 單节
	Address
Consider the second	· 29527
$\frac{\omega(\omega_{la},Nc)}{\omega(\omega_{la},Nc)}$	
	Detroleum+ec. Com (id be used for future annual report notification)
For further information concerning this matter, plea	
Kim Brett Name of Contact Person	at (<u>980</u>) <u>781-1000</u> Area Code Daytime Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount Please make check payable to FLORIDA \$125.00 Filing Fee \$130.00 Filing Certific	DEPARTMENT OF STATE

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

COMPANY TO TRANSACT BU	ION 605.0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILI. INESS IN THE STATE OF FLORIDA:
(Name of Foreign I	inited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.")
(If name unavailable, enter alternate na	me adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. North Care (Jurisdiction under the law of wh	ch foreign limited hability company is organized) 3. 46-5289213 (FET number, if applicable)
4	(Date first transacted business in Florida if prior to revistration)
	(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability.)
5. <u>5420 Powe</u> (Street Address of Principal Office)	Mouse ct. 6. SAME as Street address (Mailing Address)
Concord N	(, 78027
<u> </u>	2 20021
7. Name and street address	of Florida registered agent: (P.O. Box NOT acceptable)
	Piavia Grand
Name:	Rickie Grooms
Office Address:	214 Blue Heron Lake Cir.
	Ormand Beach Florida 32174 (City) (Zip code)
designated in this applicati	once: istered agent and to accept service of process for the above stated limited liability company at the place on, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agre as of all statutes relative to the proper and complete performance of my duties, and I am familiar with
	of my position as registered agent.
	as all a B 1 c

(Registered agent's signature)

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: Michael S. Knowles	□Manager	Name: Rickie Graous
Member	Address: 5420 Powerhouse et.	Member	Address: 5420 Power House et
□Authorized	Concord, NC 28027	□Authorized	Concord NC 28027
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address: 2023
□Authorized		□Authorized	5 70
Person		Person	
□Other	Other	□Other	
			TE 12
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	 □Other	□Other	□Other

<u>Important Notice:</u> 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.

m. som
Signature of an authorized person
M. Scott Knowles



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

PETROLEUM TEC, L.L.C.

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 4th day of April, 2014

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

Elaine I Marshall

Secretary of State

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of March, 2023.

Certification# 115797680-1 Reference# 19665750- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification