M 9800000551 Requestor's Name

315 SOUTH CALHOUN STREET

Address Tallahassee, Florida 32301 Phone # City/State/Zip Office Use Only 224-7000 CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) Document #) (Corporation Name) 1, 188.75 ADM -(Document #) Corporation Name) Pick up time 400 . 6 1/48 Certified Copy Walk in Certificate of Status Will wait ☐ Photocopy Mail out NEW FILINGS AMENDMENTS Amendment Profit Resignation of R.A., Officer/ Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Name Availability, OTHER FILINGS REGISTRATION Document **QUALIFICATION** Annual Report Examiner ***1473.75 ***1473.75 Foreign Fictitious Name Updater_ Limited Partnership Name Reservation Upda'er 98 DATE Reinstatement Verifyer Ackno : ledgement W. P. Verifyer Examiner's Initials CR2E031(1/95)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 27, 1998

BISON COMMODITIES COMPANY, LLC P.O. BOX 4607 WINTER PARK, FL 32793-4607

SUBJECT: BISON COMMODITIES COMPANY, LLC

Ref. Number: W98000006829

We have received your document for BISON COMMODITIES COMPANY, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1,188.75.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 698A00016475

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 3586 Aloma Avenue, Suite 15			3	59-3475486	
(Duration: Year limited liability company will exist or "perpetual") 11-1-97 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 3586 Aloma Avenue, Suite 15 Winter Park, FL 32792 (Street address of principal office) name, title, and business address of each managing member [MGRM] or manager [MGR] manage the foreign limited liability company in Florida: (attach additional page if necessary) NAME & ADDRESS: TITLE: NAME & ADDRESS: TIT Jeff Rochwarger MGRM 3586 Aloma Avenue, Suite 15		imited liability		(FEI number, if a	pplicable)
(Street address of principal office) name, title, and business address of each managing member[MGRM] or manager[MGR] manage the foreign limited liability company in Florida: (attach additional page if necessary) NAME & ADDRESS: TITLE: NAME & ADDRESS: TITLE: Jeff Rochwarger MGRM 3586 Aloma Avenue, Suite 15	.0-24-97	 		• • • • • • • • • • • • • • • • • • •	يو
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Winter Park, FL 32792 (Street address of principal office) name, title, and business address of each managing member[MGRM] or manager[MGR] manage the foreign limited liability company in Florida: (attach additional page if necessary) NAME & ADDRESS: TITLE: NAME & ADDRESS: TITLE: Jeff Rochwarger MGRM 3586 Aloma Avenue, Suite 15	(Date first transacted business	; in Florida. (Sec	e sect	ions 608.501, 608.502, and 817	7.155, F.S.)
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^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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	of the Limited Liability Company is:	
Bison Con	modities Company, LLC	
2. The name a	and the Florida street address of the registered agent and office are:	1 86 1810 1810
	Jeff Rochwarger	JUN -
	(Name)	- CORO
	3586 Aloma Avenue, Suite 15	AM 9:
	Florida street address (P.O. Box NOT ACCEPTABLE)	01
	Winter Park 32792 FL	
	City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Bison Con	mmodities
Company, LLC certifies:	
1) the above named limited liability company has at least two members;	
2) the total amount of cash contributed by the member(s) is	<u>\$400,000</u>
 3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and 4) the total amount of cash and property contributed and anticipated to be contribut by member(s) is (This total includes amounts from 2 and 3 above.) 	SECRE /ISIOH
(1 ms total morados amounts from 2 and 3 above.)	ORATIONS
Signature of a member or an authorized representative of a member of an authorized representative of a member of a member of an authorized representative of a member of accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the panalties of perjury that the facts stated herein are true.)	5
Jeff Rochwarger	
Typed or printed name ofignee	

Filing Fee: \$250.00 for Application and Affidavit

State of Delaware

Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BISON COMMODITIES COMPANY, 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 FOURTEENTH DAY OF MAY, A.D. 1998.





Edward J. Freel, Secretary of State

AUTHENTICATION:

9082451

DATE:

05-14-98

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