# M99000001584

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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Jacobus Fleet Servi	
name of Foreign	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fec(s) a	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
Meg Hamell	
Name of Person	<del></del>
Jacobus Energy, LLC	
Firm/Company	
11815 W. Bradley Road	
Address	
Milwaukee, WI 53224	
City/State and Zip Code	<del></del>
meghamell@jacobusenergy	v.com
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, p	olease call:
	at (414 ) 577-0227
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:  \$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of		
State: Jacobus Fleet Services, LLC		
Enter new principal office address, if applicable:		_
(Principal office address		_
MUST BE A STREET ADDRESS)	7. C	18
	72.5	pcı
Enter new mailing address, if applicable:		1
(Mailing address	1211	 PH
MAY BE A POST OFFICE BOX)		
	<u>35</u>	-2
2. The Florida document number of this limited liability company is: M9900001584	7,5	_
3. Jurisdiction of its organization: Wisconsin		
4. Date authorized to do business in Florida: 9/27/1999		
SECTION II (5-9 complete only the applicable changes)		_
5. New name of the limited liability company: Jacobus Energy, LLC		
(must contain "Limited Liability Company, " "L.L.C	.," or "LLO	Ō.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Flori copy of the written consent of the managers or managing members adopting the alternate name. The must contain "Limited Liability Company," "L.L.C." or "LLC.")	da and attac he alternate	 ch a name
6. If amending the registered agent and/or registered officer address on our records, enter the name registered agent and/or the new registered office address here:	e of the new	<u>v</u>
Name of New Registered Agent:		
New Registered Office Address:		_
Enter Florida Street Address		
, Florida	7: 6: 1	_
	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree to act in this capacity. I further age the provisions of all statutes relative to the proper and complete performance of my duties, and I described to the proper and complete performance of my duties.	ree to comp am familiar	oly with with

If Changing Registered Agent, Signature of New Registered Agent

and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited

liability company has been notified in writing of this change.

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	Name	<u>Address</u>	Type of Action	
			Add	
			Remove	
	<del></del>		Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
aforementioned am	icate, if required: no more than 90 day endment(s), duly authenticated by the he law of which this entity is organize Signature of the	official having custody of record	18 0C1 -4	
	Eugene T. Jacobus		- 3 3m	
	Typed or printed Filing Fee	-	AH 8: 2	

#### United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen. Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

#### JACOBUS ENERGY, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is March 08, 1999.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 03, 2018.

MARY ANN MCCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 228921-3AB990C8