AZ CORPORATION COMMISSION FILED

JUL 2 8 2014

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FILE NO. R-1931801-L

Clear Form

FILE NO. <u>P-1931801-6</u>



DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

APPLICATION FOR REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

Please read Instructions L025i

	Ficase Feat Instructions <u>Edes</u>				
	ENTITY TYPE - check only one to indicate the type of entity applying for registration:				
	□ PROFESSIONAL LIMITED LIABILITY COMPANY				
. .	NAME IN STATE OR COUNTRY OF FORMATION (FOREIGN NAME) — enter the exact, true name of the foreign LLC:				
	BioSphere Fuels, LLC				
	NAME TO BE USED IN ARIZONA (ENTITY NAME) – identify the name the foreign LLC will use in Arizona by checking 3.1 or 3.2 (check only one), and follow instructions:				
•	3.1 Name in state or country of formation, with no changes or additions – go to number 4 and continue.				
•	Fictitious name – check this if the foreign LLC's name in its state or country of formation is not available for use in Arizona or if that name does not contain an LLC identifier, and enter the name in number 3.3 below. NOTE – a resolution of the company adopting the fictitious name must be attached to and submitted with this form.				
-	3.3 If you checked 3.2, enter or print the name to be used in Arizona:				
٠ ١.	PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES – if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical):				
	FOREIGN DOMICILE – list the state or country in which the foreign LLC was formed: Oklahoma				
5 .	DATE OF FORMATION IN FOREIGN DOMICILE: May 5, 2014				
7.	PURPOSE OR GENERAL CHARACTER OF BUSINESS – describe or state the purpose of the foreign LLC or the general character of the business it proposes to transact in Arizona: Petroleum Products Wholesaler				

	REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:	8.2 OPTIONAL - mailing address in Arizona of statutory agent, if different from street address (can be a P.O. Box):		
Γ Corporat	ion System			
tutory Agent N	larne (required)			
ention (optiona		Attention (optional)		
90 E. Can ress 1	nelback Road	Address 1		
ess 2 (option	20)	Address 2 (optional)		
Phoenix	State AZ zip 85016	City	State Zip	
	REQUIRED – the Statutory Agent Acce this Application For Registration.	ptance form M002 must	be submitted along with	
<u>L025i</u> maint	CIPAL OFFICE ADDRESS - FOREIGN - give the physical or street address ained in its state of organization, or, if te or country of organization:	s (not a P. O. Box) of th	e foreign LLC required to	
	Attention (optional)			
	10601 N Pennsylvania Ave		· · · · · · · · · · · · · · · · · · ·	
	Address 2 (optional)			
	Oklahoma City	OK State or	73126	
		OK State or Province	73126 Zip	
). OPTIC 10.1	Oklahoma City City Country UNITED STATES COUNTRY ONAL - ARIZONA KNOWN PLACE OF STATES Is the Arizona known place of busines of the statutory agent?	State or Province F BUSINESS ADDRESS	zip ime as the street addres continue.	
	Oklahoma City City Country UNITED STATES COUNTRY ONAL - ARIZONA KNOWN PLACE OF STATES Is the Arizona known place of busines of the statutory agent?	State or Province F BUSINESS ADDRESS ess street address the sage to the next page and complete number 10.2 and the physical or sage and the phys	zip ome as the street addres continue. nd continue.	
10.1	Oklahoma City City Country UNITED STATES COUNTRY VALUE OF COUNTRY NO - OUT OF COUNTRY If you answered "no" to number 10.	State or Province F BUSINESS ADDRESS ess street address the sage to the next page and complete number 10.2 and the physical or sage and the phys	zip ome as the street addres continue. nd continue.	
10.1	Oklahoma City City Country UNITED STATES COUNTRY VALUE OF COUNTRY Is the Arizona known place of busines of the statutory agent? No - Output If you answered "no" to number 10 Box) of the known place of business	State or Province F BUSINESS ADDRESS ess street address the sage to the next page and complete number 10.2 and the physical or sage and the phys	zip ome as the street addres continue. nd continue.	
10.1	Oklahoma City City Country UNITED STATES COUNTRY UNITED STATES COUNTRY UNITED STATES COUNTRY COUNTRY UNITED STATES COUNTRY Is the Arizona known place of busines of the statutory agent? Yes - (agent) No - (agent) If you answered "no" to number 10. Box) of the known place of business Attention (optional)	State or Province F BUSINESS ADDRESS ess street address the sage to the next page and complete number 10.2 and the physical or sage and the phys	zip ome as the street addres continue. nd continue.	
10.1	Oklahoma City City Country UNITED STATES COUNTRY COUNTRY UNITED STATES COUNTRY COUNTRY UNITED STATES COUNTRY COUNTRY UNITED STATES COUNTRY COUN	State or Province F BUSINESS ADDRESS ess street address the sage to the next page and complete number 10.2 and the physical or sage and the phys	zip ome as the street addres continue. ind continue.	

L025,001 Rev: 2010

COMPLETE NUMBER 11 OR NUMBER 12 - NOT BOTH.

11.	MANAGER-MANAGED LLC – <u>see Instructions L025i</u> – check this box ☒ if management of the LLC is vested in a manager or managers, and complete and attach the <u>Manager Structure</u> <u>Attachment form L040</u> . The filing will be rejected if it is submitted without the attachment.			
12.	MEMBER-MANAGED LLC – <u>see Instructions L025i</u> – check this box [] if management of the LLC is reserved to the members, and complete and attach the <u>Member Structure Attachment</u> form L041. The filing will be rejected if it is submitted without the attachment.			
13.	SIGNATURE: By checking the box marked "I accept" below, I acknowledge <i>under penalty of perjury</i> that this document together with any attachments is submitted in compliance with Arizona law.			
<	$\sim \rho$	▼ I ACCEPT		
	1,1	Douglas J. Stussi	5/30/14	
Signatur	e J	Printed Name	Date	
REQUIRED - check only one and fill in the corresponding blank if signing for an entity:				
ma sig	m the individual Manager of this inager-managed LLC or I am ning for an entity manager med:	I am a Member of this member- managed LLC or I am signing for an entity member named:	I am a duly authorized agent for this LLC.	

Filing Fee: \$150.00 (regular processing)	Mail:	Arizona Corporation Commission - Corporate Filings Section
Expedited processing – add \$35.00 to filing fee.		1300 W. Washington St., Phoenix, Arizona 85007
All fees are nonrefundable - see Instructions.	Fax:	602-542-4100

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.

If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

MANAGER STRUCTURE ATTACHMENT

- ENTITY NAME give the exact name of the LLC (foreign LLCs give name in domicile state or country):
 BioSphere Fuels, LLC
 A.C.C. FILE NUMBER (if known):
 Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations
- 3. MANAGERS / MEMBERS give the name and address of each and every manager and list all members who own 20% or more of the profits or capital of the LLC. Use one block per person. Members who own less than 20% may also be listed, but it is not required. Check the appropriate box or boxes below each person listed do not check both member boxes. If more space is needed, use another Manager Structure Attachment form.

			2.		
Gregory M Love			Frank C Love, IV		
Name			Name		
PO Box 26210			PO Box 26210 _		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		70406
Oklahoma City	lok	73126	Oklahoma City	OK	73126
UNITED STATES	State or Province	Zip	UNITED STATES	State or Province	Zip
Country	20% or more men	mber	Country	20% or more	member
✓ Manager	Less than 20% me		✓ Manager	Less than 20%	% member
3.	<u></u>		4.		
Douglas J Stussi			Jennifer L Meyer		
Name			Name		
PO Box 26210			PO Box 26210		
Address 1	<u></u>		Address 1		
l ·					
Address 2 (optional)	01/	70426	Address 2 (optional)	OV	73126
Oklahoma City _	OK	73126	Oklahoma City	OK	
UNITED STATES	State or Province	Zip	UNITED STATES	State or Province	Zip
Country	20% or more men	nher	Country	☐ 20% or more	member
	Less than 20% me		✓ Manager	Less than 20%	% member
[✓] Manager 5.			6.		
Laura A Love					
Name			Name		
PO Box 26210			1		
Address 1			Address 1		
			l		
Address 2 (optional)		T	Address 2 (optional)		
Oklahoma City	OK	73126			
City	State or Province	Zip	City	State or Province	Zip
UNITED STATES	Province			.,,,,,,,,,	
Country	20% or more me	mber	Country	20% or more	member
✓ Manager	Less than 20% m		Manager	Less than 20°	% member
1 L 1011090					

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY.

STATUTORY AGENT ACCEPTANCE

Please read Instructions M0021

1.	ENTITY NAME – give the exact name in Arizona of the corporation or LLC that has a Statutory Agent (this must match exactly the name as listed on the document appoint statutory agent, e.g., Articles of Organization or Article of Incorporation): BioSphere Fuels, LLC	ppointed the ting the			
2.	A.C.C. FILE NUMBER (if entity is already incorporated or registered in AZ): Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/C	orporations			
3.					
•	CT Corporation System				
	STATUTORY AGENT SIGNATURE: By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.				
-	The person signing below declares and certifies under penalty of perjury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.				
_					
	Ketherine Lackey, Asst. Sec.	5/23/2014			
Signi	Tature Printed Name	Date			
REC	QUIRED - check only one:				
	Individual as statutory agent: I am signing on behalf of myself as the individual behalf of the entity named as statutory agent: I am behalf of the entity named as statutory agent: I am and I am authorized to act for that	itory agent,			
Exp	ng Fee: none (regular processing) seedited processing – (available only if this form is arrived by itself) add \$35.00 to filing fee 1300 W. Washington St., Phoenix, Arizona &	Filings Section 85007			

submitted by itself) add \$35.00 to filing fee. All fees are nonrefundable - see Instructions. Fax: Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain

602-542-4100

to the individual needs of your business.

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OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF LIMITED LIABILITY COMPANY

WHEREAS, the Articles of Organization of

BIOSPHERE FUELS, LLC

an Oklahoma limited liability company has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.

THE STATE OF OR LAND

Filed in the city of Oklahoma City this 5th day of May, 2014.

Secretary of State