M050000002293

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

Office Use Only



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OF STATE OF STATE



'CT CORPORATION

May 2, 2005

Department of State, Florida 409 East Gaines Street Tallahassee FL 32399



Re: Order #: 6354626 SO

Customer Reference 1: Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Coastal Terminals L.L.C. (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Manager Fulfill Ctr Connie_Bryan@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION 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:

| Coastal Terminals L.L | .C. (Name of Foreign Limite | d Liability | (Company) | | · | |
|------------------------------|---|-------------|---------------------------------|---------------------------------------|---------------|-----------------|
| | (A talle of 1 oroigh 2 miles | a Diability | | | | |
| Delaware | law of which foreign limited liabilit | <u>.</u> 3 | Applic | d Foy EI number, if | liashla\ | |
| company is organized) | iaw of which foreign limited habilit | Ŋ | (1 | al number, ii | іррисавіе) | |
| March 30, 2005 | | | petual | _ | | |
| (Date of | (Organization) | | uration: Year ist or "perpet | | y company wil | l cease to |
| 5. <u>Upon Filing</u> | Date first transacted business in (See sections 608.501 & 608.502) | Florida, in | prior to regis | stration.) y liability) | ···· | n ra |
| 7. 1670 Broadway, Suite | 3100 | | | | | |
| Denver, Colorado 802 | | | | | | |
| | (Street Addre | ess of Prin | cipal Office) | | | |
| 3. If limited liability | company is a manager-manag | ged comp | any, check | here 🗶 | | |
| . The name and usu | al business addresses of the m | nanaging | members o | r managers | are as follow | s: |
| Donald H. Anderson | - 1670 Broadway, Suite 3100, Denv | ver, Colora | do 80202 | · · · · · · · · · · · · · · · · · · · | · · · · | _ |
| William S. Dickey - | 1670 Broadway, Suite 3100, Denve | r, Colorad | o 80202 | | | |
| Randall J. Larson - 1 | 670 Bro edway, Suite 3100, Denver | r, Colorad | 80202 | | - | |
| he jurisdiction under the la | l certificate of existence, no more than aw of which it is organized. (A photo e under oath of the translator must be s | copy is not | acceptable. It | | | |
| 11. Nature of busines | ss or purposes to be conducted | d or pron | noted in Flo | orida: Petrole | um Product Te | rminaling |
| and Transportation | | 4 | 71 | · | | |
| | MACA | (la | Ku- | | | |
| | Signature of a member or an (In accordance with section 608.408(3 | | | | | |
| | an affirmation under the negaties of | | | | | |

Typed or printed name of signee

Donald H. Anderson

FL057 - 08/03/04 C T System Online

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.

| Coastal Terminals | L.L.C. | | | |
|--|--|--|---|---|
| 2. The name an | d the Florida street address of | of the registered ag | gent and office are: | |
| | СТ | | | |
| | | (Name) | | _ |
| | 1200 : | South Pine Island Roa | đ | |
| | Florida Street Add | ress (P.O. Box NOT | ACCEPTABLE) | |
| | Plantation | FL | 33324 | _ |
| | | City/State/Zip | | |
| liability company agent and agree relating to the pr | ned as registered agent and to o at the place designated in th to act in this capacity. I furth oper and complete performa oppsition as registered agent | his certificate, I her her agree to comply nce of my duties, a | eby accept the appoints wwith the provisions of nd I am familiar with a | ment as registered all statutes nd accept the |
| | C T Corporation System | | | |
| By: | · una | | | |

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Assistant Secretary

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COASTAL TERMINALS L.L.C." 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 TWENTY-EIGHTH DAY OF APRIL, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Darriet Smith Windson Secretary of State

AUTHENTICATION: 3845105

DATE: 04-28-05

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