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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : RASCO KLOCK PEREZ & NIETO, P.L.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: teagan@rascoklock.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Virgin Islands Management Company, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Virgin Islands Management Company, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

[x] \$70.00 Filing Fee
[] \$78.75 Filing Fee & Certificate of Status

[] \$78.75 Filing Fee & Certified Copy
[] \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Thomas V. Eagan
Name (Printed or typed)
Rasco Klock Perez & Nieto, P.L.
Address
2555 Ponce de Leon Blvd., Suite 600, Coral Gables, FL 33134
City, State & Zip
(305)476-7100
Daytime Telephone number
teagan@rascoklock.com
E-mail address: (to be used for future annual report notification)

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Virgin Islands Management Company, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2555 Ponce de Leon Blvd.
Suite 600
Coral Gables, FL 33134

Mailing address, if different is:
2555 Ponce de Leon Blvd.
Suite 600
Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to act as the manager of Transition Refinery Entity, LLC,
a Virgin Islands limited liability company.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Chambers, President
Address: 2555 Ponce de Leon Blvd.
Suite 600
Coral Gables, FL 33134

Name and Title: David E. Roberts, Vice-President
Address: 2555 Ponce de Leon Blvd.
Suite 600
Coral Gables, FL 33134

Name and Title: Thomas V. Eagan, Secretary
Address: 2555 Ponce de Leon Blvd.
Suite 600
Coral Gables, FL. 33134

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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STATE OF FLORIDA
RECORDED

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Thomas V. Eagan
Address: 2555 Ponce De Leon Blvd., Suite 600
Coral Gables, FL 33134

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas V. Eagan
Address: 2555 Ponce De Leon Blvd., Suite 600
Coral Gables, FL 33134

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/02/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent 06/02/2022
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Required Signature/Incorporator 06/02/2022
Date