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Florida Department of State

Division of Corporations
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OSG America L.P.

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Electronic Filing Menu

Corporate Filing Menu

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B07-345
de

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. OSG AMERICA L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or L.L.P.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. DELAWARE 3. MAY 14, 2007
(State or Country of Formation) (Date of Formation)

4. CT Corporation System
(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road, Plantation, Florida 33324
(Florida street address for Registered Agent)

6. 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 relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

By Debbie Diaz
Signature of Registered Agent

Debbie Diaz
Assistant Secretary

7. TWO HARBOUR PLACE, 302 KNIGHTS RUN AVENUE, SUITE 1200
(Principal office address)

TAMPA, FLORIDA 33602

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. TWO HARBOUR PLACE, 302 KNIGHTS RUN AVENUE, SUITE 1200

(Mailing address)

TAMPA, FLORIDA 33602

10. Name, principal office address, and mailing address of each general partner:

OSG AMERICA LLC

(Name)

1107-6748

(Name)

(Name)

(Name)

TWO HARBOUR PLACE

(Street Address)

302 KNIGHTS RUN AVENUE, SUITE 1200

TAMPA, FLORIDA 33602

(Mailing Address)

(Street Address)

(Mailing Address)

(Street Address)

(Mailing Address)

(Street Address)

(Mailing Address)

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Page 2 of 3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)
_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 15th day of NOVEMBER, 20 07

Signature of a general partner: OSG AMERICA LLC

BY: Jerry Miller
JERRY MILLER, - Authorized Representative

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OSG AMERICA L.P." 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2007.

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

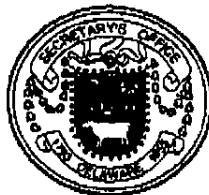
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TALLAHASSEE, FLORIDA

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6163446

DATE: 11-15-07