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CORPORATION(S) NAME	•		73 S
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() Nonprofit			
(X) Foreign	() Dissolution/Withdrawal	() Mark	
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() Limited Partnership	() Annual Report	() Other	3 2.92
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() Certified Copy	() Photocopies	() CUS	
() Call When Ready	() Call If Problem	() After 4:30	
(x) Walk In	() Will Wait	(x) Pick Up	
() Mail Out			
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Verifier	-ale finance		
W.P. Verifier	31 A 16 12 19 18 18 18 18 18 18 18 18 18 18 18 18 18	Amount: \$	

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

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. NuCoastal Tr	ading Co.			_	一门
words or abbre	oration; must include the word "INCORPOR eviations of like import in language as will cl or partnership if not so contained in the nam	early indicate th			02 02
2. Delaware	- .	3. 71 <u>-0</u> 87032	.0		哥哥
(State or coun	try under the law of which it is incorporated)		(FEI number,	if applicable)	00 7
4. 03/01/2002	<u>-</u>	5. Perpetual			<u>, </u>
(Da	ite of incorporation)	(Duration	n: Year corp. will ce	ease to exist or "perp	etual")
6.	Upon disablection				
(Date first trans	acted business in Florida. If corporation has	not transacted	business in Florida,	insert "upon qualific	cation.")
	(SEE SECTIONS 607.1	501, 607.1502	and 817.155, F.S.)	-	
7. 8 Greenway P	laza, Suite 930, Houston, TX 77046		<u></u>		·_ ·_
	(Principal office	address)			
same		·	·····		·
	(Current mailing	address)			
See Attachmer	nt _				
8				CEL . I .	
8	nt (s) of corporation authorized in home state of	r country to be	carried out in state o	of Florida)	
8(Purpose)
Purpose Name and st	(s) of corporation authorized in home state of reet address of Florida registered age)
8(Purpose	(s) of corporation authorized in home state of reet address of Florida registered ages)
Purpose Name and st Name:	(s) of corporation authorized in home state of reet address of Florida registered age)
Purpose Name and st Name:	(s) of corporation authorized in home state of reet address of Florida registered ages	nt: (P.O. Box	or Mail Drop Box)
Purpose Name and st Name:	(s) of corporation authorized in home state of reet address of Florida registered ages C T Corporation System 1200 South Pine Island Road	nt: (P.O. Box)
8(Purpose 9. Name and st Name: Office Address:	(s) of corporation authorized in home state of reet address of Florida registered ages C T Corporation System 1200 South Pine Island Road Plantation (City)	nt: (P.O. Box	or Mail Drop Box rida ³³³²⁴)
Purpose Name and st Name: Office Address:	(s) of corporation authorized in home state of reet address of Florida registered ages C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance:	nt: (P.O. Box	or Mail Drop Box rida 33324 (Zip code)	x <u>NOT</u> acceptable	
9. Name and st Name: Office Address: 10. Registered Having been na	c(s) of corporation authorized in home state of reet address of Florida registered ages C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept so	nt: (P.O. Box	rida 33324 (Zip code) ess for the above s	x NOT acceptable	at the place
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8(Purpose 9. Name and st Name: Office Address: 10. Registered Having been nadesignated in the further agree to	c(s) of corporation authorized in home state of reet address of Florida registered ages C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the appointment of all statut comply with the provisions of all statut	rvice of procentment as relative to s of my position	rida 33324 (Zip code) ess for the above so	stated corporation agree to act in the mplete performan	at the place is capacity. I

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ____ Address: _ Vice Chairman: Address: __ Director: Address: Director: Address: B. OFFICERS SEE ATTACHMENT President: _ Address: Vice President: Address: _ Secretary: __ Address: ____ ⊉. Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) ichard Watson

Sectores

(Typed or printed name and capacity of person signing application)

Attachment to Florida Application By Foreign Corporation for Authorization to Transact Business In Florida

Purpose Clause

Conduct all lawful activity to which a corporation may lawfully engage in, including but not limited to purchasing, selling and brokering crude oil, refined products, natural gas liquids and other petroleum commodities.

Officers & Directors

1.	Full Name: Officer/Director: Officer's Title: Business Address: City: State: ZIP Code:	Oscar S. Wyatt, Jr. Officer, Director CEO 8 Greenway Plaza, Suite 930 Houston TX 77046	SECRETARY OF TALLER AND OZ APR
2.	Full Name: Officer/Director: Officer's Title: Business Address: City: State: ZIP Code:	Clyde Meltzer Officer President S Greenway Plaza, Suite 930 Houston TX 77046	F STALE
3.	Full Name: Officer/Director: Officer's Title: Business Address: City: State: ZIP Code:	Richard Watson Officer Secretary 8 Greenway Plaza, Suite 930 Houston TX 77046	
4.	Full Name: Officer/Director: Officer's Title: Business Address: City: State: ZIP Code:	Richard Watson Officer Treasurer 8 Greenway Plaza, Suite 930 Houston TX 77046	

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NUCOASTAL TRADING CO." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D.

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



Warriet Smith Hindson, Secretary of State

AUTHENTICATION: 1701143

DATE: 04-03-02

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