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# **COVER LETTER**

_	stration Section ion of Corporations			
SUBJECT:	ISLAND L.P. GAS SER			
SCHOLCI.	Na	ime of corporation	- must include suffix	<del> </del>
Dear Sir or M	ladam:			
"Certificate o		icate of Good Stan	Authorization to Transact l ding" and check are submi ss in Florida.	
Please return	all correspondence conc	cerning this matter	to the following:	
Jesse Granthar	n			
		Name of	Person	
Island LP Gas	Services Inc			
		Firm/Com	pany	
1318 Hardy St	reet 2nd Floor			
		Addre	rss	
Hattiesburg, N	1S 39401			
	-	City/State a	nd Zip code	·
grantham@pro	opaneman.com			
	E-mail add	dress: (to be used f	or future annual report not	ification)
For further in	formation concerning th	nis matter, please e	all:	
Eric Malmstro	m	312 at (	505-4700	
Nam	e of Person	Area Code	Daytime Telepho	ne Number
Regis Divis The C 2415	EET/COURIER ADDI stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite hassee, FL 32303		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
	_	A DEPARTMENT	OF STATE   \$78.75 Filing Fee &   Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

### 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.

	orporation; must include "INCORPORATED," orp.," "Inc.," "Co," or "Corp.")	COMPANY, CORPORATION	₹,		
dba Propane Ma	n				
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transactin	g business in	Florida)	
Hawaii	3.	20-1949974			
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	plicable)		
. <u>11/30/2004</u> 	of incorporation) 5.				
(Date 9/1/2023	of incorporation)	(Date of duration, if other t	han perpetual	)	
94171 LEONUI S	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15) STREET, WAIPAHU HI 96797		ty)		
•	(Principal offic	ee street address)	<u></u> ,		
1318 Hardy St, 2	nd Floor, Hattiesburg, MS 39401				
<del></del>	(Current mailing	g address, if different)			
. Name and <u>stree</u>	t address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	-	2023	
Name:	Jesse Grantham			3 SEP	
Office Address:	495 Grand Blvd #200	<del></del>	t.•	- 7	ه بر مو د، د
	Miramar Beach	Florida	,	<u>P</u>	
	(City)	(Zip code)		မှ မ	450
Registered age	ent's acceptance:		v	3 <b>8</b>	
laving been nam esignated in this	ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re	ent as registered agent and agre	e to act in th	us capac	city.

10. 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.

(Registered agent's signature)

A. DIRECTORS					
Chairman	Jesse Grantham Name:	□Chairman	Name:		
□Vice Chairman	94171 LEONUI STREET Address:	□Vice Chairman	Address:		
□Director	WAIPAHU, HI 96797	□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐Secretary	□Treasurer		
□Other	□ Other	□Other	Other		
□Chairman □Vice Chairman	Name: Eric Malmstrom Name: 495 Grand Blvd #200 Address:	□Chairman □Vice Chairman	Name:Address:		
Director	Miramar Beach, FL 32550	Director			
□President		□President			
□Vice President		□Vice President			
Secretary	☐Treasurer	□Secretary	□Treasurer		
Other	Other	□Other	Other		
□ Director □ President □ Vice President □ Secretary	Name: Address:	□Director □President □Vice President □Secretary	Name:Address:		
Other		□Other	□Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.					
	Signature of Director of	or Officer			
	ctor signing this document (and who is listed in number also information submitted in a document to the Depart				

13. Jesse C CRANTHAM Charaman (Typed or printed name and capacity of person signing application)



## **Department of Commerce and Consumer Affairs**

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department.

ISLAND L. P. GAS SERVICES, INC.

was incorporated under the laws of Hawaii on 11/30/2004; and that it is an existing corporation in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: August 22, 2023

nadinily ands

Director of Commerce and Consumer Affairs