## LU4000059465

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

Office Use Only



200039652802



O4 AUG 11 AM 10: 39

PARTIS SERVICION STATE ON TO A SERVICION SERV

## CAPITAL CONNECTION, INC.

CAPITAL CONNECTION, INC.  417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	AME PRIC. 20
	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search
Requested by:    W   9:00     Name   Date   Time     Walk-In Will Pick Up	Fictitious Owner Search  Vehicle Search  Driving Record  UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval  Courier

ARTICLE I - Name:
The name of the Limited Liability Company is:

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

Mailing Address:

205 5 Hooverst

Suite 400

Tampa, Mile Place

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Name

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Plorida street address (P.O. Box NOT acceptable)

Tampa FAT 33609 City, State, and Zip

(CONTINUED)

Page I of 2

ARTICLE IV- Man	ager(s) or Managing Member(s):
	s of each Manager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managin	Name and Address:  g Member
MGRAT	Impriol Oil Co. of Deloware Inc. 2055 Hoever St Suite 400 Tampa, El. STUD9
(Use attachment if no	cessary)
NOTE: An addition	al article must be added if an effective date is requested.
REQUIRED SIGNA	TURE:
	Mel Neeghey mature of a member.
of.	accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury at the facts stated herein are true.)
_	Typed or printed name of signoc

Filing Feet:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2