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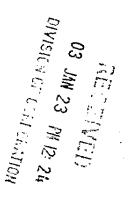
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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AL

CT CORPORATION

January 23, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399



Re: Order #: 5771613 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Hess Microgen LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

,	ign limited liability company)
Delaware	3, 27-8812461
(Jurisdiction under the law of which foreign limited liabili company is organized)	(FEI number, if applicable)
February 1, 2000	5 Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
Upon filing	
(Date first transacted business in Florida.	(See sections 608.501, 608.502, and 817.155, F.S.)
One Hess Plaze, Woodbridge, NJ 07095	03
761	
(Street addi	ress of principal office)
If limited liability company is a manager-manage	ged company, check here nanagers are as follows:
	70 12
The name and usual business addresses of the m	nanaging members or managers are as follows:
Can Advantage and A	
See Attachment A	
	n 90 days old, duly authenticated by the official having custody of re
	chotocopy is not acceptable. If the certificate is in a foreign language
	st be submitted.)
translation of the certificate under oath of the translator mus	
	d as assumeted in Florida. Microgeneration of electricity
	d or promoted in Florida: Microgeneration of electricity
	d or promoted in Florida: Microgeneration of electricity
	d or promoted in Florida: Microgeneration of electricity
	d or promoted in Florida: Microgeneration of electricity

Carl T. Tursi, Secretary of Amerada Hess Corporation, Member

Typed or printed name of signee

Attachment A

Name of Member/Officer	<u>Title</u>	Address	
Amerada Hess Corporation	Member	1185 Avenue of the Americas New York, NY 10036	
F. Borden Walker	Chairman	One Hess Plaza Woodbridge, NJ 07085	
John Douglas	President	One Hess Plaza Woodbridge, NJ 07085	
Robert B. Miller	Senior Vice President	One Hess Plaza Woodbridge, NJ 07085	
Brian Douty	Chief Financial Officer	One Hess Plaza Woodbridge, NJ 07085	
Carl T. Tursi	Secretary	1185 Avenue of the Americas New York, NY 10036	
Gerald A. Jamin	Treasurer	1185 Avenue of the Americas New York, NY 10036	
Richard B. Bindelglass	Assistant Secretary	One Hess Plaza Woodbridge, NJ 07085	
John J. Lynett	Assistant Secretary and Assistant Treasurer	One Hess Plaza Woodbridge, NJ 07085	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the limited liability c	ompany is:	less Microger	· CCC o
			•	8 1
 			•	7 7 7
				ω ,
		,		
2. The name a	and the Florida street ad	ldress of the regis	tered agent are:	7
				高品の
	CP Composition	- C	ţ	T.
	CT Corporation	NAME		
	1200 South Pi	ne Island Road		
	Florida street	t address (P. O. Box 1	NOT ACCEPTABLE)	
	Plantation	FI.	33324	
•		CITY, STATE AND Z	CIP .	
liability compa registered agen all statutes rela	med as registered agent my at the place designa at and agree to act in th ating to the proper and obligations of my positio	ated in this certific is capacity. I furti complete performa	cate, I hereby accep her agree to comply ance of my duties, a	ot the appointment as with the provisions of
_	Conn	ie Brysen Signature	CONNUE BRYAN CHECKAL ASCISTANT	BECRETARY

Filing Fee: \$ 35 for Designation of Registered Agent

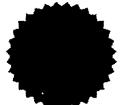
laware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HESS MICROGEN LLC" 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 TWENTIETH DAY OF JANUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAKES HAVE BEEN PAID TO DATE.





Harriet Smith Windson, Secretary of State

3168779 8300

AUTHENTICATION: 2213495

030038642

DATE: 01-20-03

TOTAL P 02