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To:

Division of Corporations

Fax Number ; (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company NATMI National Tampa, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$125.00

EXAMINEF

COVER LETTER

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TO:	Registration Section Division of Corporations				
SUBJE	CT: NATMI National Tampa, LLC				
	Na	ame of Limited Liability Company			
The end Existen	closed "Application by Foreign Limited Lik we, and check are submitted to register the a	bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida			
Please	return all correspondence concerning this m	natter to the following:			
	James Godey				
		Name of Person			
	NATMI National Truck Terminal	Is LLC			
		Firm/Company			
	201 West Street Suite 200				
	Address Annapolis MD 21401				
		City/State and Zip Code			
•	jgodey@aeroterm.com				
	E-mail address:	(to be used for future annual report notification)			
For fun	her information concerning this matter, ple	ase call:			
	James Godey	at (410) 280-1100			
	Name of Person	Area Code & Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclos	sed is a check for the following amogst 130.00 Filing Fee Certificate of St	Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate			

TO:

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

MITED LIABILITY COMPANY TO TRANSACT BU	SINESS IN TITE S	STATE OF FLORIDA:	
NATMI National Tampa, LLC (Name of Foreign Limited Liability Comp	any; must includ	e "Limited Liability Company," "L.L.C.," or "LLC.")	
name unavailable, enter alternate name adopte insent of the managers or managing members ad impany," "L.L.C," "LLC.")	d for the purpose lopting the altern	of transacting business in Florida and attach a copy of attename, The alternate name must include "Limited L	f the written Jability
DE	3.	NA	
Jurisdiction under the law of which foreign line company is organized)	nited liability	(FE) number, if applicable)	
10/11/2010	5.	perpetual	
(Date of Organization)		(Duration: Year limited liability company will cease exist or "perpetual")	e to
NA			
(Date first transacted	business in Flore & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)	
201 West Street Suite 200 Annapolis MD 214	JO1		0 0 0 0 0 0 0 0 0 0
			CH
	Street Address of	Principal Office)	
If limited liability company is a manag			ARP ARP
If infinited traditity company is a manag	ier-managed c	company, check here	ORA∏
The name and usual business addresse	s of the mana	ging members or managers are as follows:	ATRO
NATMI National Truck Terminals LLC 201	West Street Suite	200 Annapolis MD 2140t	SNO.
		·	
			aler-leasure-se-
		rys old, duly authenticated by the official having custody or is not acceptable. If the certificate is in a foreign language	
relation of the certificate under eath of the translation			~ · · ·
. Nature of business or purposes to be		•	
. Maune of business of purposes to be	Conducted of p	protitoted in Fiorida.	
	\rightarrow		 .
	10		
	. /	norized representative of a member.	
(In accordance with section 608,408(3), F.S., the execut	tion of this document constitutes an affirmation under the	
penalties of perjury that the facts ste document to the Department of S	uca nerem are ince State constitutes :	. I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)
Typ	ed or printed	name of signee	

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 the Limited Liabilit	у Сотрапу is:	
NATMI Nation	al Tampa, LLC		
If unavailable	e, the alternate to be use	ed in the state of Florida is:	
2. The name	and the Florida street a	iddress of the registered agent and office are:	
	C T Corporation System	•	
		(Name)	
	1200 South Pine Island	Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FL 33324	
		City/State/Zip	

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, Florida Statutes.

C T Corporation System

By:

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) SEERE LARY OF STATE

Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NATMI NATIONAL TAMPA, 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 FOURTEENTH DAY OF OCTOBER, A.D. 2010.

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

4883035 8300

100995580

AUTHENTY CATION: 8289101

DATE: 10-14-10

You may verify this certificate onling at corp. delawars. sov/authver. showl