## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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: C T CORPORATION SYSTEM Account Name

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 100

Email Address:

11

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#### Foreign Limited Liability Company CENTER POINT TERMINAL COMPANY, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 05       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu

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B. BOSTICK

JUL - 2 2013

EXAMINE:

7/1/2013

| CR2R027 | (9/10) |
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#### COVER LETTER

|              |  | COTA   | AK DELI I DK   |  |                                       |        |
|--------------|--|--|--|--|---------------------------------------|--------|
|              | istration Section                            |  |  |  |                                       |        |
|              | Center Point Termin                          | al Company, LLC                                  |  |  |                                       |        |
| SUBJECT:     |  | Name of Limi                                     | ted Liability Company  |  |                                       |        |
|              |  |  | eany for Authorization to Tr<br>enced foreign limited liabilit |  |                                       |        |
| lease return | all correspondence co                        | oncerning this matter to the                     | following:   |  |                                       |        |
|              | Jonathan Affleck                             |  |  |  |                                       |        |
|              |  | Na   | me of Person   |  | <del>-</del>                          |        |
|              | Center Paint Ten                             | ninal Company, LLC                               |  |  |                                       |        |
|              |  |  | 111/Company  |  | _                                     |        |
|              |  | Pil  | niz Company  |  |                                       |        |
|              | 8235 Porsyth Biv                             | rd., Suite 400                                   |  |  |                                       |        |
|              |  |  | Address  |  | <b></b>                               |        |
|              | Clayton, MO 63                               | 105  |  |  |                                       |        |
|              |  | Çity/Sı  | ate and Zip Code   |  |                                       |        |
|              | jq@sagm.us                                   | ,  | •  |  | 1 2                                   |        |
|              | • • • •                                      | E-mail address: (to be used                      | for future annual report no                                    | if(cation)                                   | 2813<br>SEG                           |        |
|              |  |  | The filling a management to be a second                        |  | 2013 JUL -1<br>SECRELARY<br>ALLAHASSI | Pr 100 |
| or turther i | mormanop concerning                          | this matter, please call:                        |  |  | Sold I                                |        |
| Jor          | athan Affleck                                | •  | 3)4 B54-8:   | 520  | f T =                                 | F      |
|              | Name   | of Person Area                                   | Code & Daytime Telephor  | e Number                                     |                                       | j      |
|              | ALLING ADDRESS:                              |  | T ADDRESS:   |  | # 8: 26<br>FLORID                     | 4 7    |
|              | rision of Corporations<br>distration Section |  | n of Corporations<br>ation Section                             |  |                                       |        |
|              | ). Box 6327                                  |  | Building   |  | ~ · · · · · · · · ·                   |        |
| Tal          | lahasses, FL 32314                           | =  | xeoutive Center Circle<br>assec, FL 32301                      |  |                                       |        |
| Enclosed i   | is a check for the f                         | ollowing amount:                                 |  |  |                                       |        |
|              | \$125,00 Filing Fee                          | ☐ \$130.00 Filing Fee &<br>Certificate of Status | S155.00 Filing Fee & Centified Copy                            | ☐ \$160.00 Filing Fee<br>of Status & Certifi |                                       |        |

## 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:

| Center Point Terminal Company, LLC  |   |
|---|---|
| (Name of Foreign Limited Liability Company; must include  | de "Climited Liability Company," "L.L.C.," or "LLC.")   |
| usent of the managers or managing members adopting the altern<br>ompany," "LLC," "LLC.")  | se of transacting business in Florida and attach a copy of the writter<br>nate name. The alternate name must include "Limited Liability   |
| Delaware  | 43-1555237  |
| Jurisdiction under the law of which foreign limited liability company is organized)   | (FEI number, if applicable)   |
| June 30, 2013   | perpetual   |
| (Date of Organization)  | (Duration: Year limited liability company will ocase to exist or "perpetual")   |
|   |   |
| (Date first transacted business in Flo<br>(See sections 608,501 & 608,502 F.S.  | rida, if prior to registration.)<br>to determine penalty liability)   |
| 8235 Forsyth Blvd., Suite 400   | 1 2   |
| 70.000  |   |
| Ciayton, MO 63105   | of Principal Office)  |
| fracti vanitar  |   |
| If limited liability company is a manager-managed   | oompany, check here   |
| The name and usual business addresses of the man  |   |
| CPT 2010, LLC   | OR C  |
| 8235 Forsyth BlvD., S   | te, 400   |
| Clayton MD 651  |   |
| e jurisdiction under the law of which it is organized. (A photocopustation of the certificate under oath of the translator must be sub- | emitted.)   |
| . Nature of business or purposes to be conducted or distribution  | r promoted in Florida: Petroleum storage and  |
| unsurous (  |   |
| Mal   |   |
|   | nthorized representative of a member.   |
| ponalties of perjury that the facts stated herein are tru   | cution of this document constitutes an affirmation under the<br>ue. I am aware that any (also information submitted in a<br>s a third degree felony as provided for in s.817.155, F.S.) |
| Steven G.   |   |
| Typed or printed  | d name of signec  |

# 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.

| Center Point Terminal Company, LLC  If unavailable, the alternate to be used in the state of Florida is:  2. The name and the Florida street address of the registered agent and office are:  CT Corporation System  (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation  FI.  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 | I. The name   | of the Limited Liability   | Company is:   |  |
|---|---|--|---|--|
| CT Corporation System  (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation  FL  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 haveby 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  | Center Point Te   | minal Company, LLC   |   |  |
| CT Corporation System  (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation  FL  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  | lf unavailable  | e, the alternate to be use   | d in the state of Florida is:   |  |
| (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation  FI. 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  | 2. The name   | and the Florida street a   | ddress of the registered agent and office are:  | SLORE  |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation  FI.  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   |   |  | C T Corporation System  |  |
| Plantation  Plantation  FI,  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   |   |  | (Name)  |  |
| Plantation FI.  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  |   |  | 1200 South Pine Island Road   | 7.<br>2.   |
| 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  |   | Florida S  |   | - S.   |
| 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  |   | Plantation   | FL 33324  |  |
| liability company at the place designated in this certificate, I hereby accept the appointment as<br>registered agent and agree to act in this capacity. I further agree to comply with the provisions of all<br>statutes relating to the proper and complete performance of my duties, and I am familiar with and  |   |  | City/State/Zip  |  |
| Signifes.   | iability comp<br>egistered aga<br>tatutes relati<br>accept the ob | eany at the place designe<br>ent and agree to act in t<br>ing to the proper and co | ent and to accept service of process for the abo<br>ated in this certificate, I hereby accept the app<br>his capacity. I further agree to comply with th<br>mplete performance of my duties, and I am fat | ointment as<br>18 provisions of all<br>niliar with and |
|   |   | C I Col  | hotation a Autom  |  |
| By: Katherine Lackey, Asst. Sec., (Signature) Katherine Lackey, Asst. Sec.,   |   | Rv.  | Katherine Kalken  |  |

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

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTER POINT TERMINAL COMPANY, 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 FIRST DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

SECRETARY OF SAME

2238066 8300

130833540

for may verify this certificate caline at corp.dolaware.gov/authver.ahtml Jaffrey W. Bullock, Secretary of State

DATE: 07-01-13