

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000053831 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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. **

Empil	Address:			

Foreign Limited Liability Company HESS RETAIL OPERATIONS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

3/5/2014

N. Guffiggin

MAR - 6 2014

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUMMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RESIDESS IN THE STATE OF FLORIDA:

	enter alternate name adopted for the purpose of transacting business in l'Iorida and attach a copy of the ers or managing members adopting the alternate name. The ulternate name must include "Limited Liab (LLC.")	
o Delaware	3	
(Jurisdiction under company is organ	the law of which foreign limited liability (FE) number, if applicable) zed)	
4. Upon registration		_
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	ー 対照 B
5. One Hess Plaza		
Woodbridge, NJ		
	(Street Address of Principal Office)	ー SSI SSI SSI
6. One Hoss Plaza		_ 변유
Woodbridge, NI	27095	三三三
	(Mailing Address)	
7. The name, titl	e or capacity and address of the person(s) who has/have authority to manage is/are:	A
See Attachment A		
	·	
		
		
in the jurisdiction and	inal certificate of existence, no more than 90 days old, duly authenticated by the official having custody of or the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languag ficate under eath of the translator must be submitted.)	
	Signature of an authorized person	
peni	cordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the dies of perjury that the facts stated herein are true. I am aware that any falso information submitted in a ament to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
	Andrew Barretain Casestan	

Typed or printed name of signee

Attachment A OFFICERS OF HESS RETAIL OPERATIONS LLC

	OFRICE HILD
o/o Hoss Corporation 1 Hoss Plaza Woodbridge, NJ 07095	President
c/o Hess Corporation 1 Hess Plaza Woodbridge, NJ 07095	Vice President
c/o Hess Corporation 1 Hess Plaza Woodbridge, NJ 07095	Vice President
c/o Hess Corporation 1 Hess Piaza Woodbridge, NJ 07095	Treasurer
c/o Hess Corporation 1 Hess Pinza Woodbridgo, NJ 07095	Secretary
	Woodbridge, NJ 07095 c/o Hess Corporation 1 Hess Plaza Woodbridge, NJ 07095 c/o Hess Corporation 1 Hess Plaza Woodbridge, NJ 07095 c/o Hess Corporation 1 Hess Plaza Woodbridge, NJ 07095 c/o Hess Corporation 1 Hess Plaza Woodbridge, NJ 07095

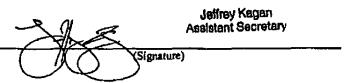
FILED 2011 NAR -5 M 8: 22 SIGNETARY OF STATE SIGNETARY OF STATE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is: Hess Retail Operations 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 agen	at and office are:
C T Corporation System	R -5
(Name)	THO:
1200 South Pine Island Roa	م الله الله الله الله الله الله الله الل
Florida Street Address (P.O. Box NOT ACC	DEPTABLE) ORDA

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 605, Florida Statutes.



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

Delaware

DN/SE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF
A DELAWARE CORPORATION "HESS MART, INC." TO A DELAWARE LIMITED
LIABILITY COMPANY OF "RESS RETAIL OPERATIONS LLC", WAS FILED IN
THIS OFFICE ON THE FIFTEENTH DAY OF JANUARY, A.D. 2014, AT 5:19
O'CLOCK P.M.

2006122 8317

140148808

You may worldy this certificate online

AUTHENTS CATION: 1119848

DATE: 02-07-14