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(Re	equestor's Name)	
(Ad	ldress)	**************************************
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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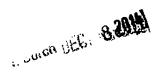
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SECRETARY OF STATE



### **COVER LETTER**

•	vision of Corporation	<b>s</b>	,				
SUBJECT:	UniMarin	e LLC					
SCENECT.			f Limited	Liability Company			
						unsact Business in Florida," company to transact busin	
Please return	n all correspondence co	oncerning this matte	r to the f	following:			
	John Da	aly					
			Nau	me of Person			
	Withum	Smith+B	rowr	n PC			
	<del></del>		Fir	m/Company			
	5 Vaugl	nn Drive					
				Address			
	Princeto	on, NJ 08	540				
			City/Sta	ate and Zip Code		· .	
	jdaly@v	vithum.co	m				
		E-mail address: (to	be used	for future annual rep	ort notific	ation)	
For further is	nformation concerning	this matter, please	cail:				
J	ohn Daly			<sub>at</sub> 732	503	3-0178	
	Name o	f Contact Person		Area Code	Da	ytime Telephone Number	
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ilahassee, FL 32314		Division Registra Clifton I 2661 Ex	ecutive Center Circ	:le	`	
				see, FL 32301			
	is a check for the for \$125.00 Filing Fee	ollowing amount  \$130.00 Filing 1  Certificate of Si	Fee &	☐ \$155.00 Filing Certified Copy		□ \$160.00 Filing Fee, C of Status & Certified	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

UniMarine LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited iability Company," "L.L.C," or "LLC.")	
NJ 30-0844031	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	7
(Date first transacted business in Florida if prior to registration)	gat
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
c/o KPI Bridge Oil, 21 East Front Street	
Red Bank NJ 07701	ζ
(Street Address of Principal Office)	
c/o KPI Bridge Oil, 21 East Front Street	
Red Bank NJ 07701	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Robert Atkinson, Executive Director & Officer	
c/o KPI Bridge Oil	
21 East Front Street, Red Bank NJ 07701	
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official againgt custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)  Signature of an authorized person in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.  Typed or printed name of signee	ľ

## 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.

1. The name of t	he Limited Liability Company is:			
UniMarine LLC				
If unavailable, th	e alternate to be used in the state of Florida is:	,		
2. The name and	the Florida street address of the registered agent an	d office are:	14	
	C T CORPORATION SYSTEM	- EO	4 NOV 26	
•	(Name)	ARY	26	-
	1200 SOUTH PINE ISLAND R	ROAD #20	P (	
	Florida Street Address (P.O. Box NOT ACCEPTA	ABLE) STATE ORIO	t÷ 50	
	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 605, Florida Statutes.

VickiAnn Owens

Special Assistant Secretary

(Signature)

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

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### UNIMARINE, LLC

0600414435

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 1, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Robert H Atkinson, Jr 21 East Front Street Suite 300 Red Bank, NJ 07701 SECRETARY OF STALLAHASSEE, FUSIO

IN TESTIMONY WHEREOF Chave, hereunto set my hand and Thed my Official Seal at Trenton, the 24th day of November, 2014

OF THE STATE OF TH

Certification# 134307990

A. C.

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp