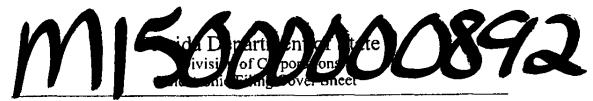
Division of Corporations

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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: TransMontaigne Product Services 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 Plorida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 84-1477374 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1670 Broadway Suite 3100, Denvar, CO 80202 (Street Address of Principal Office) 1870 Broadway Sulte 3100, Denver, CO 80202 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; Michael A. Hammell -Executiva VP : Secretaru 1670 Broadway Suite 3100, Denver, CO 80202 10.1 15.1 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having oustedy 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 penalties of perjury that the facts stated herein are true. I

Michael A. Hammell, Executive Vice President and Secretary

Typed or printed name of signee

arm aware that any false information automitted in a document to the Department of State constitutes a third degree felony as provided for in s.\$17.155, F.S.)

Statutes.

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.

If unavailable, t	he alternate to be used in the state of Florida is:	
2. The name an	d the Florida street address of the registered agent and office are:	
	CT Corporation System	
	(Name)	2015 SEE FALL
	1200 South Pine Island Road	2> 21: "TT"
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	ELASSE HASSE
	Plantation, PL 33324	100 P
	City/State/Zip	LOR STA
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By: CT Corporation System Hull M. Luck

accept the obligations of my position as registered agent as provided for in Chapter 605, Florida

Hiedi M. Liesch Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Cartified 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 "TRANSMONTAIGNE PRODUCT SERVICES 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 TWENTY-NINTH DAY OF JANUARY, A.D. 2015.

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

2956958 8300

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You may verify this cortificate online at corp.delaware.gov/authvor.shtml

AUTHENTICATION: 2078131

DATE: 01-29-15