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

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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-

(Name of Forcine Limited Liability Company; "must include "Limited Liability Company," "L.L.C." or "LLC.") finame unavailable, enter alternate name adopted for the purpose of transacting business in Plorida. The ahermate name must include "Limited liability Company," "L.L.C." or "LLC.") Delaware (Veriadiction under the law of which foreign limited liability company is organized) N/A (Date first transacted business in Florida, if prior to registeration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 1915 Wigmore Street Jacksonville, FL 32206 (Street Address of Principal Office) 1915 Wigmore Street Jacksonville, FL 32206 (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Office Address: Office Address: Ansbacher & Schneider, P.A. 150 Belfort Road, Bldg. 100 Jacksonville Legistered agent's acceptance: Include agent and ty facept service of process for the above stated limited liability company at the plan accept the abbligations of application. I hereby accept the uppointment as registered agent and agree to act in this capacity. I further at complywith the provisions of all states registering agent. Ansbacher & Schneider P.A. New Force C. Althorized and Schneider P.A. Ansbacher & Schneider P.A. New Force C. Althorized and address of the person(s) who has/have authority to manage is/are: The name, title or capacity and address of the person(s) who has/have authority to manage is/are: The name, title or capacity and address of the person(s) who has/have authority to manage is/are: The name, title or capacity and address of the person(s) who has/have authority to manage is/are: The name, title or capacity and address of the person(s) who has/have authority to manage is/are: The name, title or capacity and address of the person(s) (b) the firida Statutes. I am pware that any false information to must be authority to massic or information of the cartificate of existence, no myer-ham 90 days old,	Keystone Terminal Hole	dings, LLC			
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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO REFERY CERTIFY "KEYSTONE TERMINAL HOLDINGS, 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-THIRD DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KEYSTONE"

TERMINAL HOLDINGS, LLC" WAS FORMED ON THE SOURTEENTH DAY OF MARCH,

A.D. 2017.

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

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Authentication: 202252132

Date: 03-23-17



March 24, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ANSBACHER & SCHNEIDER, PA

SUBJECT: KEYSTONE TERMINAL HOLDINGS, LLC

REF: W17000025296

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

According to section 605.0902, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II Registration Section FAX Aud. #: H17000076883 Letter Number: 217A00005656