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.

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	Account Number : I20090000	0081	2 <u>5</u> .
	Phone : (307)200- Fax Number : (855)330-		2 <u>1.</u>
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BlackRock Pipelir (Name of Foreign	le Services LLC Limited Liability Company, must include "Limite	rd Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate ii	ame adopted for the purpose of transacting business in Flo	orda. The alternate name must include "Limited Liability	Company," "L.I. C," or "LLC,")
_{2.} Delaware		3	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(FI:1 mamber, if	applicable)
.i			
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to determ	registration.) nice penalty hability)	
5 7901 4th St N		6. 7901 4th St N	
(Street Address of I	Principal Office)	(Mailing Address)	
STE 300		STE 300	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
St. Petersburg FL	33702	St. Petersburg FL 3370	
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	FEB 2
Name:	Northwest Registered Agent	LLC	25.
Office Address:	7901 4th St N STE 300		#H 8: 5:
	St. Petersburg	. Florida 33702	27 H
	(City)	(Zip code)	<u> </u>
	(Registered agent' acity and address of the person(s) who l	nas/have authority to manage is/are:	 Name and Address:
Title or Capacity:	Name and Address:	Title or Capacity:	vaine and Auditss.
AMBR	Michael Lind		
	7901 4th St N STE 900 St. Petersburg, FL 33702	<u>-</u>	
		<u></u>	
(Use attachments if neces	ssary)	<u> </u>	
-		Laborate scient of her they official basis	m anatody of records in the
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days old cof which it is organized. (If the certifica submitted)	, duly admenticated by the official tavia ate is in a foreign language, я translation	of the certificate under oath
10. This document is exe submitted in a document	cuted in accordance with section 605.020 to the Department of State constitutes a t	03 (1) (b), Florida Statutes. I am aware t hird degree felony as provided for in s.8	hat any false information 17,155, F.S.
	\sim	-ga- north-	
	Signatu	re of an authorized person	
	Morgan Noble	or printed name of signee	

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLACKROCK PIPELINE 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-SIXTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLACKROCK PIPELINE SERVICES LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2019.

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

Authentication: 202331475

Date: 02-26-19

7258873 8300 SR# 20191443588