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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
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Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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Foreign Limited Liability Company
TRANSMAGNE PARTNERS LLC

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Certificate of Status	0
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K. SALY

MAR 11 2019

**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:

1. TransMontaigne Partners LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 34-2037221

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1670 Broadway, Suite 3100

(Street Address of Principal Office)

6. 1670 Broadway, Suite 3100

(Mailing Address)

Denver, CO 80202

Denver, CO 80202

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Nichol McCroy

Assistant Secretary

Nichol McCroy
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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 TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>TLP Finance Holdings LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Frederick W. Boutin</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o ArcLight Capital Partners, LLC</u>	<input type="checkbox"/> Member	Address: <u>1670 Broadway, Suite 3100</u>
<input type="checkbox"/> Authorized	<u>200 Clarendon Street, 55th Floor</u>	<input type="checkbox"/> Authorized	<u>Denver, CO 80202</u>
Person	<u>Boston, MA 02116</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Robert T. Fuller</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Mark S. Huff</u>
<input type="checkbox"/> Member	Address: <u>1670 Broadway, Suite 3100</u>	<input type="checkbox"/> Member	Address: <u>1670 Broadway, Suite 3100</u>
<input type="checkbox"/> Authorized	<u>Denver, CO 80202</u>	<input type="checkbox"/> Authorized	<u>Denver, CO 80202</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Robert Clark</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Michael A. Hammell</u>
<input type="checkbox"/> Member	Address: <u>1670 Broadway, Suite 3100</u>	<input type="checkbox"/> Member	Address: <u>1670 Broadway, Suite 3100</u>
<input type="checkbox"/> Authorized	<u>Denver, CO 80202</u>	<input type="checkbox"/> Authorized	<u>Denver, CO 80202</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Michael A. Hammell - EVP, General Counsel & Secretary

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSMONTAIGNE PARTNERS 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 EIGHTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRANSMONTAIGNE PARTNERS LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2005.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line.

Authentication: 202403872

Date: 03-08-19