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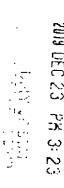
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COVER LETTER

TO:

ГО:	Registration Section Division of Corporations	s			
UBJE	Belvedere Terminals	, ,			
		Name of Limi	ited Liability	Company	
				ation to Transact Business in Florida," Certificated liability company to transact business in F	
lease r	eturn all correspondence co	oncerning this matter to the folk	owing:		
	Edwin Cothron				
		Name	of Person		
	Belvedere Termi	inals Company. LLC			
		Firm/0	Сотрапу		
	111 2nd Ave. NI	E Suite 520			
		A	ddress		
	St. Petersburg, 1	FL 33701			
		City/State	and Zip Code		
	ecothron@Belved	ereTerminals.com			
		E-mail address: (to be used for	future annua	report notification)	
or furtl	her information concerning	this matter, please call:			
	Edwin Cothron	at	727	744-9208	
	Name of Contact Person		Area Code	Daytime Telephone Number	Florid
	MAILING ADDRESS: Division of Corporations Registration Section			STREET ADDRESS: Division of Corporations Registration Section	
	P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	Enclosed is a check for the Please make check payabl	e following amount: le to: FLORIDA DEPARTME	ENT OF STA	TE	
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & \$160.00 Filing Fee, Certified Copy of Status & Certified Co	

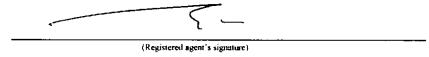
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

Belvedere Terminals Co						
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability	y Company,"	"L.L.C.," or "LLC.")		_
f name unavailable, enter alternate is	ame adopted for the purpose of transacting business in Flo	orida The a	lternate name m	ust include "Limited Liability Com	pany," "L.1, C," or "L!	.c.")
Delaware		3.	81-10555	07		
(Jurisdiction under the law of wh	nich foreign limited hability company is organized)			(FEI number, if appl	icable)	_
10/28/2019						
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration tine penalty	i.) liability)			
111 2 Ave NE. Suite 5		6	111 2 Ave	NE, Suite 520		
(Street Address of P	rincipal Office)	Ų.		(Mailing Address)		_
St. Petersburg, FL 337	01		St. Petersb	ourg, FL 33701		_
. Name and street addres	s of Florida registered agent: (P.O. Box	· <u>NOT</u> a	acceptable)			2019 DE
Name:	Edwin Cothron					E 23 P
Office Address:	111 2 Ave NE. Suite 520				257 257 277	¥ 3: 23
	St. Petersburg,		E1.	33701 orida		
	(City)		, , rv	(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.



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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Edwin Cothron ■ Manager Name: Manager Manager Name: 503 Monterey Blvd NE Member Address: Address: Member Suite #1 Authorized Authorized St. Petersburg, FL 33704 Person Person Other_ Other____ Other Other Manager ■ Manager Member Address: Member Address: Authorized ☐ Authorized Person Person Other Other Other_ Other Manager Name: Manager Member Address: _____ Member Address: Authorized Authorized Person Person Other Other Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Page 1



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

DELAWARE, DO HEREBY CERTIFY "BELVEDERE TERMINALS COMPANY, 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 SEVENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BELVEDERE TERMINALS COMPANY, LLC" WAS FORMED ON THE NINTH DAY OF NOVEMBER,

A.D. 2012.

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



Authentication: 203959016

Date: 11-07-19



December 5, 2019

EDWIN COTHRON BELVEDERE TERMINALS COMPANY, LLC 111 2ND AVE NE, SUITE 517 ST. PETERSBURG, FL 33701

SUBJECT: BELVEDERE TERMINALS COMPANY, LLC

Ref. Number: W19000104299

We have received your document for BELVEDERE TERMINALS COMPANY, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor Letter Number: 819A00024668

RECEIVED DEC 2 3 2019