

**\*\*PLEASE GIVE ORIGINAL SUBMISSION DATE OF 1/13/2021\*\***

**M2100000587**

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.

((H21000016690 3)))



H210000166903ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
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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SECRETARY OF STATE

2021 JAN 13 AM 10:14

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PLEASE GIVE ORIGINAL SUBMISSION DATE OF 1/13/2021 AND FILE AFTER 21000018693

**Foreign Limited Liability Company  
KINDER MORGAN GP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

**\*\*PLEASE GIVE ORIGINAL SUBMISSION DATE OF 1/13/2021 AND FILE AFTER H21000018693**

JAN 15 2021

M. SOLOMON

\*\*\*\*RESUBMITTING - PLEASE GIVE ORIGINAL SUBMISSION DATE OF  
1/13/2021 AND FILE AFTER H21000018693



January 14, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: KINDER MORGAN GP LLC  
REF: W21000003947

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.

The file first was returned for corrections, therefore, the name on this LLC filing is unavailable.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H21000016690  
Letter Number: 621A00000898

DocuSign Envelope ID: 98606D7E-399E-467A-875E-CC275E8473EC

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. KINDER MORGAN GP 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. \_\_\_\_\_

(FBI 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. 1001 LOUISIANA STREET, STE 1000

(Street Address of Principal Office)

6. 1001 LOUISIANA STREET, STE 1000

(Mailing Address)

HOUSTON, TEXAS 77002HOUSTON, TEXAS 770027. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Capitol Corporate Services, Inc.

Office Address:

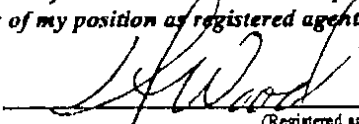
515 East Park Avenue 2nd FlTallahassee

(City)

, Florida 32301

(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.  
(Registered agent's signature)Lucynda Wood, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.2021 JAN 13 AM 10:14  
CLERK OF STATE  
OFFICE OF STATE  
CLERK

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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>KINDER MORGAN, INC.</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>1001 LOUISIANA ST, STE 1000</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>HOUSTON, TEXAS 77002</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
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.

Designated by: ERIC MCCORD  
Signature of an authorized person

**ERIC MCCORD**

Typed or printed name of signer

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KINDER MORGAN GP 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 FOURTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KINDER MORGAN GP LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 1966.

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



650715 8300

SR# 20210005265

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202204279

Date: 01-04-21

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