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	PICK	UP: <u>5/13/21 Glinda</u>
	CERTIFIED COPY	
XX	РНОТОСОРУ	- <u>-</u>
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xx	FILING	FOREIGN LLC
1.	FIRST COAST TERMINA (CORPORATE NAME AND DOCUME	LS, LLC ENT #)
2.	(CORPORATE NAME AND DOCUME	ENT #)
3.	(CORPORATE NAME AND DOCUME	ENT #)
4.	(CORPORATE NAME AND DOCUME	ENT #)
5.	(CORPORATE NAME AND DOCUME	ENT #)
6.	(CORPORATE NAME AND DOCUME	FNT #)
SPECIA INSTRU		

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:

Delaware	name adopted for the purpose of transacting business in Flor	86-3244796		
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if appl	icable)	
March 31, 2021				
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	gistration) e penalty liability)		
10401 Deerwood Park Blvd		10401 Decrwood Park Blvd		
reet Address of Principal Office)		6. (Mailing Address)		
Bldg 1, Suite 1300		Bldg 1, Suite 1300	∑. 28	
Jacksonville, FL 32256	i	Jacksonville, FL 32256	I MAY	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	ARY OF STATE	
Name:	Registered Agent Solutions, Inc.		9: 56 STATE LORIU:	
Office Address:	155 Office Plaza Dr., Suite A		Ŧ .	
	Tallahassee	32301 Florida		
	(Cny)	(Zip code)		

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: Name: Terminal Holdings Group, LLC Timothy J. Nolan □ Manager Manager 10401 Deerwood Park Blvd Address: 10401 Deerwood Park Blvd Address: Member □Member Bldg 1, Suite 1300 Bldg 1, Suite 1300 □Authorized □ Authorized Jacksonville, FL 32256 Jacksonville, FL 32256 Person Person □Other__ □Other_____ □Other □Manager Name: _____ ☐ Manager Name: _____ □Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □Other__ □Other____ Other □Other__ 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.

STEASURE OF THE SULFACE OF THE STEASURE

Typed or printed name of signee

Timothy J. Nolan

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FIRST COAST TERMINALS, 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 TWELFTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIRST COAST

TERMINALS, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D.

2021.

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

e at corp.delaware.gov/auth

Authentication: 203191712

Date: 05-12-21