M2100007615

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nai	me)
(Do	cument Number)	-
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	





100367430281

06/04/21--01012--018 **130.00

SE TOWN THE NOTES

JUN 18 2021 M. SOLOMON

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Cothern's Tanker Inspections, LLC				
30031		e of Limited Liability Company			
		Company for Authorization to Transact Business in Florid referenced foreign limited liability company to transact bu			
Please	return all correspondence concerning this matter to	o the following:			
	Brittany Thomas				
		Name of Person			
	Cothern's Tanker Inspections, LLC				
		Firm/Company	_		
	PO BOX 1018				
		Address			
Caldwell, TX 77836		. 2	2021 JUH -4	•• ,	
	C	City/State and Zip Code		- -	- ()
	brittany@cothemsllc.com		7,75 11 co		
	E-mail address: (to be	e used for future annual report notification)		AM KO:	
For further information concerning this matter, please call:		II:		ე: 58	APP.
	Brittany Thomas	979 272-14(X) at ()	***	•	
	Name of Contact Person	Area Code Daytime Telephone Number	_		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee Certificate of	c & 🖂 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fe			

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:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")	
If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability	Company," "L.L.C," or "Ll.C.")
Texas		45-3951379	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if a	pplicable)
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) se penalty liability)	=
8660 County Road 20	1	PO BOX 1018 6.	
street Address of Principal Office)		6. (Mailing Address)	
Somerville, TX 77879		Caldwell, TX 77836	
			2.1
. Name and street address	ss of Florida registered agent: (P.O. Box	NQT acceptable)	2021 JUN -4
Name:	Registered Agents Inc.		AM IO: STELOR
Office Address:	7901 4th St N STE 300,		10: 58 08:07
	St. Petersburg	33702 . Florida	
	(City)	(Zip code)	-

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.

Beethered agent's signature)

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:	
■Manager	Name: Riley B Cothern	■Manager	Name: Brittany Thomas	_
□Member	Address: PO BOX 1018	□Member	Address: PO BOX 1018	
□Authorized	Caldwell, TX 77836	□Authorized	Caldwell, TX 77836	
Person		Person		<u> </u>
Other	Other	Other	Other	_
■Manager	Name: Wesley Cothern	□Manager	Name:	
□Member	Address: PO BOX 1018	□Member	Address;	_
□Authorized	Caldwell, TX 77836	□Authorized		
Person		Person	<u></u>	_
□Other	□Other	□Other	Other S	
□Manager	Name:	□Manager	Name:	_ <u>[]</u>
□Member	Address:	□Member	Address:	_ [
□Authorized		□Authorized	ာ့က ထိ	_
Person		Person		_
□Other	Other	Other	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.

Brittany Thomas

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



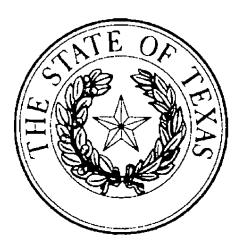
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Cothern's Tanker Inspections, LLC (file number 801506107), a Domestic Limited Liability Company (LLC), was filed in this office on November 10, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Scal of State at my office in Austin, Texas on May 26, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 1054322520003