## M2200001722

(Re	equestor's Name)	<del></del>
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2022 FEB -2 PH 1:15

RECEIVED

FEB -3 2022 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 443459 9881C

AUTHORIZATION :

COST LIMIT : \$/160.00

ORDER DATE : January 31, 2022

ORDER TIME: 9:28 AM

ORDER NO. : 443459-065

CUSTOMER NO: 9881C

\_\_\_\_\_\_

## FOREIGN FILINGS

NAME: EXXONMOBIL PIPELINE COMPANY

LLC

EFFECTIVE DATE 2/1/2022

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## **COVER LETTER**

·	Division of Corporations	11.0	
SUBJEC		<u> </u>	
	Nam	e of Limited Liability Company	
		Company for Authorization to Transact Business in Florida. referenced foreign limited liability company to transact business.	
Please ret	turn all correspondence concerning this matter	to the following:	
	<del> </del>	Name of Person	
		Bill (0	
		Firm/Company	
	<del> </del>	Address	
		City/State and Zip Code	·
	E-mail address: (to b	e used for future annual report notification)	2022 FEB
For furthe	er information concerning this matter, please ca	.ll:	3-2 ·
_		at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
	Mailing Address: Registration Section	Street Address: Registration Section	; cn
[	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
F	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEI  \$125.00 Filing Fee  Certificate of	ee & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee,	

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED 12ABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida l'he	alternate name mi	ust include "Limited Liability Comp	pany," "L.L.C," or "LL.C,")	
DELAWARE		,	74-13945	12		
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.		(FEI number, if applies	shle)	
FEBRUARY 1, 2022						
·	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determine	egistratio ne penalty	n ) Tiability)			
22777 Springwoods	•	6		ingwoods Village Park		
Street Address of Principal Office)		0.	(Mailing	Address)		
Spring, TX 77389			Spring, TX	77389		
7. Nome and atmost address	ss of Florida registered agent: (P.O. Box	NOT				9119:
7. Name and <u>street apores</u>	ss of Florida registered agent. (F.O. Box	NOT	acceptable)		2000 TEB	7
Name:	Corporation Service Company					
Office Address:	1201 Hays Street					į
	Tallahassee		. Floi	32301 rida	15	
	(City)			(Zip code)		
Registered agent's accep						
	gistered agent and to accept service of p	PACACE	for the abov	e stated limited liability (	company at the place	

(Registered 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: Bryan W. Wesley	■Manager	Name: Steven A. Yatauro	
□Member	Address: 22777 Springwoods	□Member	Address: 22777 Springwoods	
□Authorized	Village Parkway	□Authorized	Village Parkway	
Person	Spring, TX 77389	Person	Spring, TX 77389	
Other	Other	□Other	Other	
<b>≣</b> Manager	Name:	□Manager	Name:	
□Member	Address: 22777 Springwoods	□Member	Address:	
□Authorized	Village Parkway	□Authorized	2022	
Person	Spring, TX 77389	Person	<b>A E E E E E E E E E E</b>	
□Other	Other	□Other		
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other	Other	

<u>Important Notice</u>: 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.

DocuSigned by:		
Michi Sago		
2992124198BE408	Signature of an authorized person	
A. MICKI SAGE		
	Typed or printed name of signee	



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

DELAWARE, DO HEREBY CERTIFY "EXXONMOBIL PIPELINE 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 SECOND DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXXONMOBIL PIPELINE COMPANY LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 1941.

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

Authentication: 202551275

Date: 02-02-22