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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

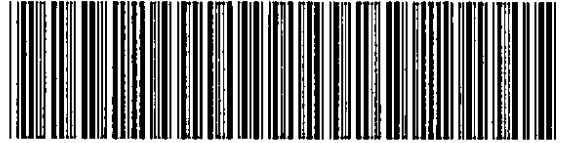
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2022 MAY 23 PM 6:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TNT MIDSTREAM SERVICES LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHAEL TRAHAN

Name of Person

TNT MIDSTREAM SERVICES, LLC

Firm/Company

1376 SWISCO RD.

Address

SULPHUR / LOUISIANA 70665

City/State and Zip Code

mtrahan@tntmidstream.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL TRAHAN

Name of Contact Person

at (337)

Area Code

212-6650

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 DEPARTMENT OF STATE

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. TNT MIDSTREAM SERVICES, LLC
(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 Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. LA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-1963729
(PEI 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. 1376 Swisco Rd.
(Street Address of Principal Office)

6. P.O. Box 731
(Mailing Address)

Sulphur, LA
70665

Sulphur, LA
70664

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(City) (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.

Celene Humes

(Registered agent's signature)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY 23 PM 6:04

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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]:

Title or Capacity: Name and Address:

☒ Manager Name: Michael Trahan

☐ Member Address: 6095 PETE SEAY

☐ Authorized Sulphur, LA

Person 70665

☐ Other ☐ Other

Title or Capacity: Name and Address:

☒ Manager Name: Corey Taylor

☐ Member Address: 3003 CUST BUND

☐ Authorized MONROE, LA

Person 71201

☐ Other ☐ Other

☐ Manager Name: Reed Gordy

☐ Member Address: 704 SUGAR TRAIL DR

☒ Authorized LEAGUE CITY, TX

Person 77573

☐ Other ☐ Other

☐ Manager Name: Paul Gredling

☐ Member Address: 112 LYONS RD

☒ Authorized SILEX, MO

Person 63377

☐ Other ☐ Other

☐ Manager Name: Jim Dougherty

☐ Member Address: 6456 Pike 457

☒ Authorized Warrville, MO

Person 6339

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

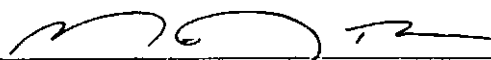
Person _____

☐ 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)

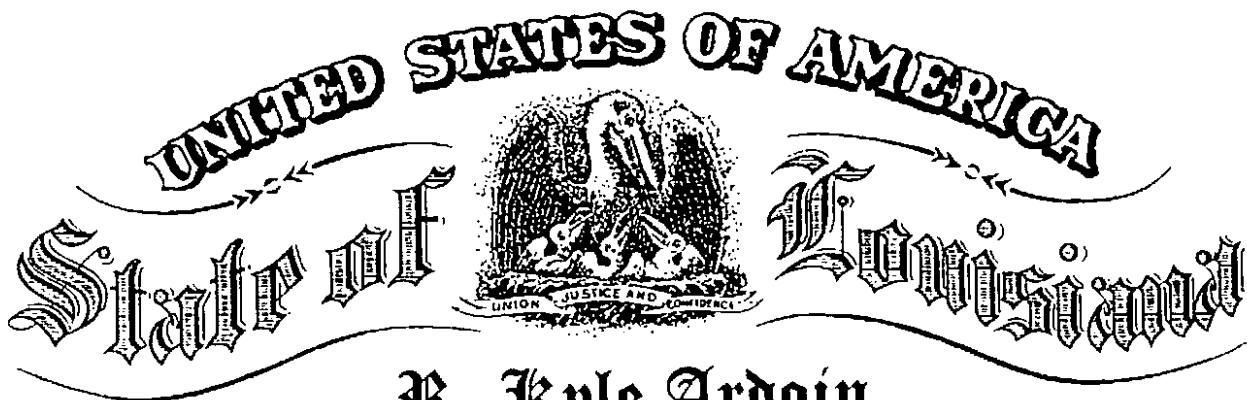
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

MICHAEL TRAHAN

Typed or printed name of signer



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Organization of

TNT MIDSTREAM SERVICES, LLC

Domiciled at IOWA, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on September 30, 2014,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 7, 2022

Secretary of State

Web 41656065K



Certificate ID: 11553666#LUL73

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov