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.

(((H22000326630 3)))



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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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## Foreign Limited Liability Company KM LIQUIDS MARKETING LLC

Certificate of Status	0
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Page Count	05
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## COVER LETTER

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	egistration Section vivision of Corporations			
SUBJECT	KM Liquids Marketing LLC			
SUBJECT	Name	of Limited Liability Company		
The enclos Existence,	sed "Application by Foreign Limited Liability ( and check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florida		
Please retu	arn all correspondence concerning this matter to	o the following:		
	Marcia West			
		Name of Person		
	KM Liquids Marketing LLC			
Firm/Company				
	1001 Louisiana Street, Suite 1000			
Address				
	Houston, TX 77002			
	C	City/State and Zip Code		
	legalannualreports@kindermorgan.com			
	E-mail address: (to be	e used for future annual report notification)		
For furthe	r information concerning this matter, please ca	II:		
)	Marcia West	713 369-9000 at ( )		
-	Name of Contact Person	Area Code Daytime Telephone Number		
ī I J	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		
Ī	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI \$125.00 Filing Fee  \$130.00 Filing Fee Certificate	ee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate		

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## 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:

Various of Encertain			Company," "L,L.C.," or "LLC.")		
(Nation to Strate)	Limited Liability Company; must include "L	Tuning Hanning	company, E.E.C., or EEC. 7		
f name unavailable, enter alternate o	ame adopted for the purpose of transacting business	as to Plorids, The al	ternate muse must include "Limited Liabilit	ry Company," "L.L.C," o	x "LLC.")
Delaware		3	(FB)		_
(Jurisdiction under the law of w	sich foreign limited liability company is organized	<u>)</u>	(FEI number, if	(applicable)	
ŀ	(Date first transacted business to Plorida, if p	prior to registration.	lane.	<del></del>	
1001 Louisiana Street,	(See sections 605,0904 & 603,0905, F.S. to) Suite 1000	,	001 Louisiana Street Suite 10	100	
Street Address of Principal Office)		0	(Malling Address)	·	
Houston, TX 77002		I	Houston, TX 77002		
		-		<b>40</b>	2[
		-			ગુર
7. Name and street addres	ss of Florida registered agent: (P.O	. Box <u>NOT</u> a	cceptable)	Ū.	EP 21
<ol> <li>Name and street address</li> <li>Name:</li> </ol>	Capitol Corporate Services, Inc.	Box <u>NOT</u> a	cceptable)	<u> </u>	EP 21 AM
				189 (1.18) 193 (1.18)	EP 2) AM 10: 2
Name:	Capitol Corporate Services, Inc.		32301 Florida	78180 1351 1731 1351	ë Z
Name:	Capitol Corporate Services, Inc. 515 East Park Avenue, 2nd Floor		<del></del> 32301	- 321 - 00107	ë Z

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8.	For initial indexing purposes, I	list names, title o	r capacity and addresse:	of the primary	members/managers or	persons authorized to
ma	nage [up to six (6) total]:					

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Sital Mody	□Manager	Name: Chris Graeter
□Member	Address: 1001 Louisiana St.	☐ Member	Address: 1001 Louisiana St.
□ Authoriz <b>e</b> d	Suite 1000	□Authorized	Suite 1000
Person	Houston, TX 77002	Person	Houston, TX 77002
President		■OtherVP; Treasu	rer □Other
□Manager	Name: Adam Forman	□Manager	Name: Eric McCord
∐Member	Address: 1001 Louisiana St.	□Member	Address: 1001 Louisiana St.
☐ Authorized	Suite 1000	□Authorized	Suito 1000
Person	Houston, TX 77002	Person	Houston, TX 77002
VP, Secreta	•••	Other VP, Asst. S	ec'y
☐Manager	Name:	☐ Manager	Name:
□Member	Address: 1001 Louisiana St.	□Member	Address:
	Suite 1000	□Authorized	Suite 1000
□ Authorized Person	Houston, TX 77002	Person	Houston, TX 77002
VP, CTO  ■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.

Re Gingl	
Signature of an authorized person	
Eric McCord, Assistant Secretary	H22000326630
Typed or printed name of signer	



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

DELAWARE, DO HEREBY CERTIFY "KM LIQUIDS MARKETING 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 TWENTY-THIRD DAY OF AUGUST, A.D. 2022.

Authentication: 204232688

Date: 08-23-22