

M22000019159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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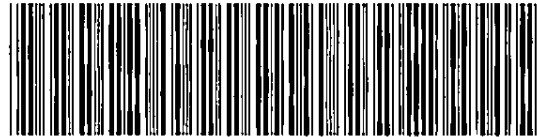
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APPROVED  
AND  
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2022 DEC 28 PM 2:18

12/28/2022

2022 DEC 28 PM 11:23

DEC 28 2022  
K. Brumley

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 269627 7828462

### AUTHORIZATION

COST LIMIT : (\$ 155.00

ORDER DATE : December 21, 2022

ORDER TIME : 10:08 AM

ORDER NO. : 269627-010

CUSTOMER NO: 7828462

FOREIGN FILINGS

NAME: CLARKSONS SHIPPING SERVICES  
USA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX\_\_\_\_\_ CERTIFIED COPY  
 \_\_\_\_\_ PLAIN STAMPED COPY  
 \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Clarksons Shipping Services USA 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:

Amy Pope

Name of Person

Clarksons Shipping Services USA LLC

Firm/Company

1333 West Loop S, Suite 1100

Address

Houston, TX 77027

City/State and Zip Code

amy.pope@clarksons.com

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

For further information concerning this matter, please call:

Amy Pope

at ( 713 )

235-7405

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 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. Clarksons Shipping Services USA 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. Texas

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

3. 71-0894116

(FEI 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. 1333 West Loop S

(Street Address of Principal Office)

6. 1333 West Loop S

(Mailing Address)

Suite 1100

Suite 1100

Houston, TX 77027

Houston, TX 77027

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida

32301

(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.*

Corporation Service Company

By: \_\_\_\_\_

(Registered agent's signature)

*Eyleima Bahar*  
Assistant Vice President

APPROVED  
AND  
FILED  
2022 DEC 28 PM 2:18  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT


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]:

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>             | <u>Title or Capacity:</u>                                      | <u>Name and Address:</u>             |
|---|--------------------------------------|--|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Roger Horton</u>            | <input type="checkbox"/> Manager                               | Name: <u>Amy Pope</u>                |
| <input type="checkbox"/> Member             | Address: <u>1333 West Loop S</u>     | <input type="checkbox"/> Member                                | Address: <u>1333 West Loop S</u>     |
| <input type="checkbox"/> Authorized         | <u>Suite 1100</u>                    | <input checked="" type="checkbox"/> Authorized                 | <u>Suite 1100</u>                    |
| Person                                      | <u>Houston, TX 77027</u>             | Person   | <u>Houston, TX 77027</u>             |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>Co. Secretary</u> | <input type="checkbox"/> Other _____ |
| <br>  |                                      |  |                                      |
| <input checked="" type="checkbox"/> Manager | Name: <u>Kjetil Stangeland</u>       | <input type="checkbox"/> Manager                               | Name: _____                          |
| <input type="checkbox"/> Member             | Address: <u>1333 West Loop S</u>     | <input type="checkbox"/> Member                                | Address: _____                       |
| <input type="checkbox"/> Authorized         | <u>Suite 1100</u>                    | <input type="checkbox"/> Authorized                            | _____                                |
| Person                                      | <u>Houston, TX 77027</u>             | Person   | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____                           | <input type="checkbox"/> Other _____ |
| <br>  |                                      |  |                                      |
| <input checked="" type="checkbox"/> Manager | Name: <u>Jeff Woyda</u>              | <input type="checkbox"/> Manager                               | Name: _____                          |
| <input type="checkbox"/> Member             | Address: <u>Commodity Quay</u>       | <input type="checkbox"/> Member                                | Address: _____                       |
| <input type="checkbox"/> Authorized         | <u>St. Katharine Docks</u>           | <input type="checkbox"/> Authorized                            | _____                                |
| Person                                      | <u>London, England E1W 1BF</u>       | Person   | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____                           | <input type="checkbox"/> 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

Amy Pope

\_\_\_\_\_  
Typed or printed name of signee



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Clarksons Shipping Services USA LLC (file number 801708772), a Domestic Limited Liability Company (LLC), was filed in this office on December 28, 2012.

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

Delayed Effective date: December 31, 2012

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 22, 2012.



A handwritten signature in black ink, appearing to be "JE", followed by a long horizontal line.

Jose A. Esparza  
Deputy Secretary of State