

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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**\*\*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  
Rangeline Pipeline Services, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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FLORIDA  
DIVISION OF  
CORPORATIONS

2023 OCT 12 PM 10:25  
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FALLS CHURCH, VA  
SECRETARY OF STATE

FILED

**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. Rangeline Pipeline 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. Texas  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEF 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. 1150 Blue Mound Rd W Ste 824  
(Street Address of Principal Office)

6. 1150 Blue Mound Rd W Ste 824  
(Mailing Address)

Haslet, TX 76052

Haslet, TX 76052

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

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408  
(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.*

FILED  
2023 OCT 12 PM 10:57  
STATE OF FLORIDA  
TALLAHASSEE, FL

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 type="checkbox"/> Manager	Name: John Rakoczy	<input type="checkbox"/> Manager	Name: Ryan Alumbaugh
<input checked="" type="checkbox"/> Member	Address: 1150 Blue Mound Rd W	<input checked="" type="checkbox"/> Member	Address: 1150 Blue Mound Rd W
<input type="checkbox"/> Authorized	Ste 824	<input type="checkbox"/> Authorized	Ste 824
Person	Haslet, TX 76052	Person	Haslet, TX 76052
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	 Name: Corey Rakoczy	 <input type="checkbox"/> Manager	 Name:
<input checked="" type="checkbox"/> Member	Address: 1150 Blue Mound Rd W	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Ste 824	<input type="checkbox"/> Authorized	
Person	Haslet, TX 76052	Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	 Name: Thomas Benedetto	 <input type="checkbox"/> Manager	 Name:
<input checked="" type="checkbox"/> Member	Address: 1150 Blue Mound Rd W	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Ste 824	<input type="checkbox"/> Authorized	
Person	Haslet, TX 76052	Person	
<input checked="" type="checkbox"/> Other CFO	<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.

*Tymberlyn Teehey*  
Signature of an authorized person

Tymberlyn Teehey, Attorney-in-Fact

Typed or printed name of signer

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



Jane Nelson  
Secretary of State

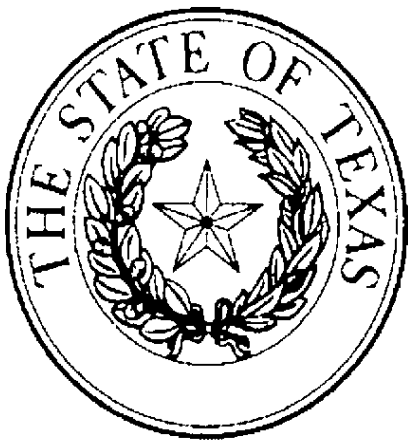
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Rangeline Pipeline Services, LLC (file number 802750423), a Domestic Limited Liability Company (LLC), was filed in this office on June 20, 2017.

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 Seal of State at my office in Austin, Texas on October 12, 2023.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson  
Secretary of State