

FILE 2ND

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

FILE 2ND

M24000010704

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((H24000274172 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.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
UPS MIDSTREAM SERVICES, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

APPROVED  
AND  
FILED  
2024 AUG 15 AM 9:21  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

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**FILE 2ND - FILE AFTER THE WITHDRAWAL OF UPS MIDSTREAM SERVICES, INC. Fax Audit # H24000274166 3**

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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:*

1. UPS 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. Delaware 3. 27-1274974  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 806 Seaco Ct 6. 806 Seaco Ct  
(Street Address of Principal Office) (Mailing Address)

Deer Park, TX 77536 Deer Park, TX 77536

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301  
(City) (Zip code)

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JACKSONVILLE, FLORIDA

**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.*

Kim Tadlock Kim Tadlock, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.  
(Registered agent's signature)

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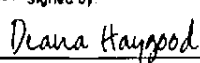
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>Reagan Busbee</u>           | <input checked="" type="checkbox"/> Manager | Name: <u>Paul Stouffer</u>           |
| <input type="checkbox"/> Member                 | Address: <u>806 Seaco Ct</u>         | <input type="checkbox"/> Member             | Address: <u>806 Seaco Ct</u>         |
| <input type="checkbox"/> Authorized             | <u>Deer Park, TX 77536</u>           | <input type="checkbox"/> Authorized         | <u>Deer Park, TX 77536</u>           |
| Person  | _____                                | 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>Deana Haygood</u>           | <br><input type="checkbox"/> Manager        | Name: _____                          |
| <input type="checkbox"/> Member                 | Address: <u>806 Seaco Ct</u>         | <input type="checkbox"/> Member             | Address: _____                       |
| <input type="checkbox"/> Authorized             | <u>Deer Park, TX 77536</u>           | <input type="checkbox"/> Authorized         | _____                                |
| Person  | _____                                | Person                                      | _____                                |
| <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager            | Name: _____                          | <br><input type="checkbox"/> Manager        | Name: _____                          |
| <input type="checkbox"/> Member                 | Address: _____                       | <input type="checkbox"/> Member             | Address: _____                       |
| <input type="checkbox"/> Authorized             | _____                                | <input type="checkbox"/> Authorized         | _____                                |
| Person  | _____                                | 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.

Signed by:  
  
 \_\_\_\_\_  
 F0679DC9E81F41C Signature of an authorized person

Deana Haygood, Manager

Typed or printed name of signee

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# Delaware

The First State

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UPS MIDSTREAM SERVICES, 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 EIGHTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UPS MIDSTREAM SERVICES, LLC" WAS FORMED ON THE TWELFTH DAY OF JULY, A.D. 2024.

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



4230167 8300

SR# 20243359237

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204115209

Date: 08-08-24

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