

Timothy Dolan  
**M98 000001060**  
 Requestor's Name  
 3740 Beach Blvd., Suite 386  
 Address  
 Jacksonville, FL 32207  
 City/State/Zip Phone #

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 -08/31/98--01124--011  
 \*\*\*\*346.25 \*\*\*\*346.25

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

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- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**M98-1060**

Name	CPA-21
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Document Examiner	
Updater	
Updater Verifier	
Acknowledgment	
W. P. Verifier	



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

September 4, 1998

TIMOTHY DOLAN  
3740 BEACH BLVD., SUITE 306  
JACKSONVILLE, FL 32207

SUBJECT: U.S. SALT, LLC  
Ref. Number: W98000020147

We have received your document for U.S. SALT, LLC and your check(s) totaling \$346.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

On line 8 of the application the individuals listed must be titled manager or managing member. On the affidavit an amount must be given and listed in the blanks if zero this must be listed.,

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

A photocopy of a certified copy is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 298A00045288

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. U.S. SALT LLC  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so  
contained in the name at present.)
2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability  
company is organized)
3. 59-3525498  
(FEI number, if applicable)
4. 7/20/98  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will  
cease to exist or "perpetual")
6. 7/20/98  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 3740 BEACH BOULEVARD, SUITE 306  
JACKSONVILLE, FL 32207  
(Street address of principal office)
8. List name, title, and business address of each managing member [MGRM] or manager [MGR] who  
will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:

TITLE:

NAME & ADDRESS:

TITLE:

MARK DEMETREE

MANAGING  
MEMBER

TIM DOLAN

MANAGER

4020 ALHAMBRA DR WEST

3731 PINCKNEY ISLAND COURT

JACKSONVILLE, FL 32207

JACKSONVILLE, FL 32224

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9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper  
official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is  
in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of US SALT, LLC  
\_\_\_\_\_ certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 0 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 ;  
(A description of the property is attached and made a part hereto.)  
and
- 4) the total amount of cash and property contributed and anticipated to be contributed  
by member(s) is \$ 0 .  
(This total includes amounts from 2 and 3 above.)

*Timothy P. DeLan*

\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**  
(In accordance with section 608.408(3), Florida Statutes, the execution of this  
affidavit constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)

*Timothy P. DeLan*

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

**Filing Fee: \$250.00 for Application and Affidavit**

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

U.S. SALT LLC

2. The name and the Florida street address of the registered agent and office is:

TIM DOLAN

(Name)

3731 PICKNEY ISLAND CT

Florida street address (P.O. Box **NOT** ACCEPTABLE)

JACKSONVILLE, FL 32224

City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Tristram P. Dolan*

(Signature)

**Filing Fee: \$35 for Designation of Registered Agent**

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State of Delaware  
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "US SALT 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

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AUTHENTICATION:

9305445

DATE:

09-16-98