**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.

(((H220001931093)))



H220001931093ABC.

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.

Account Number : 104076000124 Phone : (305)476-7100 Fax Number : (305)476-7102

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: teagan@rascoklock.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Virgin Islands Management Company, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

JUH -2 PM 12: 02

10m (10m to 10m to 36)

To: - Page: 5 of 7 2022-06-02 09:26:25 PDT

13055039681

From: Albis Rodriguez

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Virgin Islands Manad	gement Company, Inc	<u>.</u>	
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an o	original and one (1) copy of the arti	cles of incorporation and	l a check for:	
⊠ \$70.00 Filing Fee	Filing Fee	□ \$78.75 Filing Fee	□ \$87.50 Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status	
		ADDITIONAL CO	PYREQUIRED	
FROM:	Thon	nas V. Eagan	2022	
		(Printed or typed)		
	5 14 1	D OAE A DI	)	:
-	Rasco Klock	Perez & Nieto, P.L.		
			· · 🛖 🖯	
_	2555 Ponce de Leon Blvd., S	Suite 600, Coral Gable	es, FL 33134- 1 79 8	
	City,	State & Zip	<b>6</b> 5 <b>02</b>	•
	(305	)476-7100	<b>.</b> -	
-		elephone number		
	, ,	N		
_	teagan@ E-mail address: (to be used	orascoklock.com	octification)	
	E-man address, (to be used	тог тиште аппцаттерогі т	юннеанону	

To:

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	; ition shall be: <u>Virgin Islands Manac</u>	jement Comp	any, Inc.
ARTICLE II PRINC			
2555 Ponce de Le	Principal <u>street</u> address eon BIVd	2555 F	Mailingaddress, if different is: Ponce de Leon Blvd.
Suite 600			500
Coral Gables, FL	33134	Coral	Gables, FL 33134
ARTICLE III PURPO The purpose for which	OSE the corporation is organized is: to act as f	the manager	of Transition Refinery Entity, LLC,
a Virgin Islands lir	nited liability company.	<del></del> .	
,			202
ARTICLE IV SHAR The number of shares of			2
ARTICLE V INITIO	AL OFFICERS AND/OR DIRECTORS		PH 12: 02
Name and Title	c:Charles Chambers, President	_ Name and Title	:David E. Roberts, Vice-President
Address	2555 Ponce de Leon Blvd.	_ Address:	2555 Ponce de Leon Blvd.
	Suite 600	_	Suite 600
	Coral Gables, FL 33134	_	Coral Gables, FL 33134
Name and Title	Thomas V. Eagan, Secretary	Name and Title	:
Address	2555 Ponce de Leon Blvd.	_ Address:	<u></u>
	Suite 600	_	
	Coral Gables, FL. 33134	_	
Name and Title	·	_ Name and Title	·
Address		_ Address:	
		_	
		_	

. · Page:	; 7 of 7	2022-06-02 09:26:25 PDT	1305	5039681	From: Albis F
Name a	and Title:		lame and Title:		
					<del></del>
Addres	ss		vaaress:		
					<del></del>
	REGISTERED	AGENT dress (P.O. Box NOT acceptable) of the			
			registered agent is.		35,
Name:	Thomas V			ے ۔ ان ہے۔ د	=
Address:		ce De Leon Blvd., Suite 600			
	Coral Gab	les, FL 33134		- T	-2 PI
APTICLE VII	INCORPORAT	TOR		Althout to 110 MIA	FILED 1111 - 2 PM 12: 02
				(C. 1)	.: 2
	address of the Inc	•		7.7	10
Name:	Inomas	V. Eagan			
Address:	2 <u>555 Po</u>	nce De Leon Blvd., Suite 600	)		
	Coral Ga	ables, FL 33134			
Effective date, i	date is listed, th	late of filing: 06/02/2022  e date must be specific and cannot b	e more than five d	ays prior or 90 days afte	
		block does not meet the applicable stathe Department of State's records.	itutory filing require	The state of the s	e listed as
the document's	effective date on med as registered familiar with and	the Department of State's records.  I agent to accept service of process for the appointment as registered.	he above stated corp agent and agree to c	poration at the place design	
the document's	effective date on med as registered familiar with and	the Department of State's records.  I agent to accept service of process for the appointment as registered.	he above stated corp agent and agree to c	poration at the place design	nated in this
the document's  Having been na certificate, I am	effective date on amed as registered a familiar with and Requi	the Department of State's records.  I agent to accept service of process for the appointment as registered to the appointment as registered to the signature Registered Agent	he above stated corp agent and agree to o	poration at the place design act in this capacity 06/02/2 Date	nated in this
the document's  Having been na certificate, I am	effective date on amed as registered familiar with and Requirement and affice Department of S	the Department of State's records.  I agent to accept service of process for the appointment as registered.	he above stated corp agent and agree to o e. I am aware that s provided for in s.8	poration at the place designact in this capacity  06/02/2  Date  the false information sub	nated in this

To: