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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

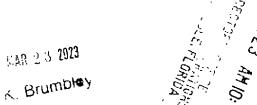
Office Use Only

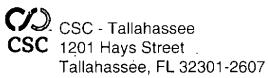


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AT AND THE CO.





850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext:

Date: 03/23/23 Order #: 606142-2

Re: Colpipe Marketing LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number: 12000000195

AUTHORIZATION:

AUTHORIZATION:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section

Div	ision of Corporations		
CUDIECT.	COLPipe Marketing LLC		
SUBJECT:		of Limited Liability C	ompany
Please return	all correspondence concerning this matter to	the following:	
	Andrea Hayworth		
		Name of Person	
	Colonial Pipeline Company		
		Firm/Company	
	1000 Lake Street		
		Address	
	Alpharetta, GA 30009	Name of Person Pipeline Company Firm/Company Ke Street Address ta, GA 30009 City/State and Zip Code	
	Ci	ty/State and Zip Code	
	ahayworth@colpipe.com		
	E-mail address: (to be	used for future annual	report notification)
For further in	nformation concerning this matter, please call	:	
An	drea Hayworth	678 at (762-2374
	Name of Contact Person	Area Code	Daytime Telephone Number
	iling Address: gistration Section	Street Address: Registration Se	ection
	vision of Corporations	Division of Co	
	D. Box 6327	The Centre of	
la	llahassee, FL 32314	Tallahassee, Fl	ce Street, Suite 810 L 32303
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEP. \$125.00 Filing Fee \$130.00 Filing Fee Certificate or	& 🔲 \$155.00 Fili	

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

IN COMPLIANCE WITH SECTION 6'5.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If mame amayailable, enter alternate	name adopted for the purpose of transacting business in Flo	wide. The observate name empty include "I imited I inh	thru ("emagne" ") f " em f "
Delaware	mene and near my too buildage of the suggestion in the	92-2245807	me teadming, the teath of the teach of
(Jundation under the law of	which fereign limited liability company is organized)	3	if applicable)
•			
•	(Date first transacted business in Florida, if prior to it (See sections 505 0904 & 605,0905, F.S. to determin	egistration.) se penalty liability)	
1000 Lake Street		1000 Lake Street	
Street Address of Principal Office)		O. (Mailing Address)	
Alpharetta, GA 3000	9	Alpharetta, GA 30009	
. Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)	D23 MAR 23
		NOT acceptable)	DZ3 MAR 23 AH 10: 2
Name:	Corporation Service Company	32301	023 MAR 23 AH 10: 25
Name:	Corporation Service Company 1201 Hays Street	· · · · · · · · · · · · · · · · · · ·	023 MAR 23 AM 10: 25

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Colonial Enterprises, Inc. Name: ☐Manager □ Manager 1000 Lake Street **≡**Member □Member Address: Alpharetta, GA 30009 □ Authorized ☐ Authorized Person Person □Other____ ☐Other___ □Other____ □Other___ Name: _____ □ Manager □Manager Name: Address: _____ Address: ☐Member □Member □ Authorized □ Authorized Person Person ☐Other_ □Other_ □Other___ Other____ Name: □Manager □Manager Name: _____ Address: Address: □Member □Member ☐ Authorized ☐ Authorized Person Person Other □Other_____ □Other_____ □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Archive a 1 1 1 10 17 to Signature of an authorized person Andrea Hayworth Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COLPIPE MARKETING 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 TWENTY-SECOND DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLPIPE"

MARKETING LLC" WAS FORMED ON THE SEVENTH DAY OF FEBRUARY, A.D.

2023.

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



Authentication: 202980217

Date: 03-22-23