

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

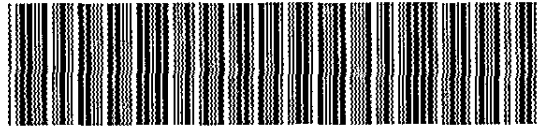
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200038251532

06/28/04--01033--020 \*\*70.00

FILED  
JUN 14 1964  
FBI - NEW YORK

FO4-3670  
OK

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CGB Diversified Services, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robin Gerarve

(Name of Person)

CGB Diversified Services, Inc.

(Firm/Company)

P.O. Box 249

(Address)

Manderille, LA 70470

(City/State and Zip code)

For further information concerning this matter, please call:

Robin Gerarve

(Name of Person)

at ( 985 ) 867-3566

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

RECEIVED  
TALLAHASSEE, FLORIDA

09 JUN 9 PM 1:50

FILED

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CGB Diversified Services, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Louisiana 3. 72-1404546  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/10/97 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2275 W. Morton Ave. Jacksonville, IL 62650  
(Principal office address)

1001 Service Rd E Hwy 190 Suite 200, Covington, LA 70433  
(Current mailing address)

8. Farmer services  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Corporation Service Company

Karen M. Dyer, Asst. Sec.  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
OCT 18 PM 1:55

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

~~Director~~ ~~Vice Chairman~~ Kevin D. Adams

Address: PO Box 249

Mandeville, LA 70470

Director: Richard S. Pemberton

Address: PO Box 249

Mandeville, LA 70470

Director: Rodney L. Clark

Address: 2275 W. Morton Ave.

Jacksonville, FL 62650

**B. OFFICERS**

President: Rodney L. Clark

Address: 2275 W. Morton Ave.

Jacksonville, FL 62650

Vice President: James C. McClelland

Address: 2275 W. Morton Ave.

Jacksonville, FL 62650

Secretary: Richard S. Pemberton

Treasurer: PO Box 249, Mandeville, LA 70470

Ass. Sec. Robin B. Gerarve

Treasurer: PO Box 249, Mandeville, LA 70470

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]

(Signature of Director or Officer listed in number 12 of the application)

14. Robin B. Gerarve, Assistant Secretary

(Typed or printed name and capacity of person signing application)

FILED  
JUN 8 PM 1:34  
TALAHASSEE FLORIDA

UNITED STATES OF AMERICA  
**State of Louisiana**



**Jox McKeithen**  
SECRETARY OF STATE

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*  
CGB DIVERSIFIED SERVICES, INC.

A LOUISIANA corporation domiciled at COVINGTON,

Filed charter and qualified to do business in this State on  
December 10, 1997,

I further certify that the records of this Office indicate  
the corporation has paid all fees due the Secretary of  
State, and so far as the Office of the Secretary of State is  
concerned is in good standing and is authorized to do  
business in this State.

I further certify that this Certificate is not intended to  
reflect the financial condition of this corporation since  
this information is not available from the records of this  
Office.

*In testimony whereof, I have hereunto set  
my hand and caused the Seal of my Office  
to be affixed at the City of Baton Rouge on,*  
June 7, 2004

*Jox McKeithen*  
ABA 34601765D

*Secretary of State*

