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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer | |
| Special Instructions to | Filing Officer: | |
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S. HAWKES
FEB 8 - 2010
EXAMINER



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01/26/10--01025--005 **130.00



S. HAWKES

AN 2.7 2010

EXAMINER

W10-4011



January 27, 2010

INFO TECHNOLOGIES, INC MONMOUTH PARK CORP, CENTER 1 187 RT 36 BLDG A SUITE 220 WEST LONG BRANCH, NJ 07764

SUBJECT: DIVERSANT REORGANIZATION LLC

Ref. Number: W10000004211

We have received your document for DIVERSANT REORGANIZATION LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 110A00002235

Suzanne Hawkes Regulatory Specialist II

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Diversant Reorganization LLC Name of Limited Liability Company |
| Name of Emined Elability Company |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida |
| Please return all correspondence concerning this matter to the following: |
| Robert Coda Name of Person |
| Diversant, Inc. |
| 187 Route 36, Bldg A. Suite 220 |
| West Long Branch NJ 07764 City/State and Zip Code |
| rcoda@diversantinc.com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| at (|
| at () Name of Person Area Code & Daytime Telephone Number |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: |
| □ \$125.00 Filing Fee \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Copy of Status & Certified Copy |

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Diversant Reorganization LLC (Name of Foreign Limited Liability Company; must inc | ouds "I mited Linbilly Company "" I. I. C. " or "I | J(CN) |
|---|--|---------------------------------------|
| (Mille of Poreign Limited Classiffy Company, must no | minds Cimited Distalled Combined. Process of T | |
| (If name unavailable, enter alternate name adopted for the pure consent of the managers or managing members adopting the alternate," "L.L.C," "LLC.") | pose of transpoting business in Florida and attach a clarante name. The alternate dame must include "Lin | copy of the write |
| 2. New Jersey | 3. 27-1269768 | |
| (Jurisdiction under the low of which foreign limited liability company is organized) | (FRI number, if applicable) | 14.00 14.00 |
| 4. 10/29/2009 | 5. Perpatual | <u> </u> |
| (Date of Organization) | (Duration: Year limited liability company wi exist or "perpetual") | Il cense to |
| 6. Upon Qualification | | |
| (Date first transacted business in) (See sections 608,501 & 608,502 F. | Florida, if prior to registration.) .S. to determine penalty liability) | |
| 7. 187 Route 36, Bldg. A, Suite 220, West Long Branch, NJ | 07764 | |
| (Street Addre | ss of Principal Office) | |
| 8. If limited liability company is a manager-manage | ed company, check here | |
| 9. The name and usual business addresses of the ma | anaging members of managers are as follow | /s: |
| Info Technologies Inc. , 187 Route 36, Bidg. A, Suite 220 |), West Long Branch, NJ 07764 | · · · · · · · · · · · · · · · · · · · |
| Diversont Inc , 187 Route 36, Bldg. A. Suite 220, West Le | ong Branch, NJ 07764 | |
| | | · |
| Attached is an original certificate of existence, no more than 9th be jurisdiction under the law of which it is organized. (A photocomouslation of the certificate under calls of the translator must be said and the certificate under calls of the translator must be said. | opy is not seceptable. If the certificate is in a foreign la | |
| 11. Nature of business or purposes to be conducted | or promoted in Florida: | |
| IT Staffing Services | | |
| Ranc. US | idoly | |
| | authorized representative of a member, F.S., its execution of this document constitutes | |
| | idula that the lacts stated herein are true.) | |
| | ens Waddy | |
| Typed or printe | ed name of signee | |

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 o | f the Limited Liability Company is: | |
|--|---|--|
| Diversant Reorganization LLC If unavailable, the alternate to be used in the state of Florida is: | | |
| | | |
| | C T Corporation System | |
| | (Name) | |
| | i 200 South Pine Island Road | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| | Plantation FI, 33324 City/State/Zip | |
| liability companagent and agree relating to the p | med as registered agent and to accept service of process for the above stated limited by at the place designated in this certificate, I hereby accept the appointment as registered to act in this capacity. I further agree to comply with the provisions of all statutes troper and complete performance of my duties, and I am familiar with and accept the ty position as registered agent as provided for in Chapter 608, Florida Statutes. System Juan Grajeda Assistant Secretary | |

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

DIVERSANT REORGANIZATION, LLC

0600351160

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 29, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

John A Aiello Giordano Halleran & Ciesla Pc 125 Half Mile Road, Pob 190 Middletown, NJ 07748



Certification# 115929609

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of December, 2009

R. David Rousseau State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp