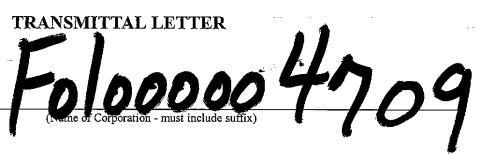
3. t

TO: Registration Section

Division of Corporations

SUBJECT: DCT, INCORPORATED



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:

MILLARD HARP	
	(Name of Person)
DCT, INCORPORATED	30004540033 -08/17/0101048007 ******70.00 ******70.0
	(Firm/Company)
PO BOX 1853	· · · · · · · · · · · · · · · · · · ·
	(Address)
MCALESTER, OKALHOMA 74502	
	(City/State and Zip Code)
For further information concerning this matter, p	lease call:
MILLARD HARP	at 918-426-5902
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tollow Grand Section Tollow Grand S
x \$70.00 Filing Fee S78.75 Filing Fee Certificate of State	

\r



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 22, 2001

MILLARD HARP DCT, INCORPORATED PO BOX 1853 MCALESTER, OK 74502

SUBJECT: DCT, INCORPORATED Ref. Number: W01000019503

We have received your document for DCT, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 245-6043.

Shawn Logan Document Specialist

ows

Letter Number: 601A00047

DCT Incorporated

Total Operations and Maintenance Management Solution

CORPORATE RESOLUTION

DCT, INCORPORATED

August 6, 2001

"RESOLVED, that <u>DCT</u>, <u>Incorporated</u>, organized and existing in the State of Oklahoma, hereby adopts the name <u>DCT</u>, <u>Incorporated of Oklahoma</u> for use in the State of Florida for all purposes, and further resolved that the officers of the corporation are authorized and directed to take all steps that they deem necessary and appropriate to qualify the corporation to do business in the State of Florida under the name:

DCT, Incorporated of Oklahoma."

APPROVED BY THE BOARD OF DIRECTORS:

Cheryl Bernardi, Chairman of the Board of Directors



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.

INCORPORATED

<u>.</u>	OKLAHOMA	3.	72_1	389533	
	country under the law of which it is incorporated)	_ J		r, if applicable)	
.	09-09-1991	5.			
·	(Date of Incorporation)	_	5. PERPETUAL (Duration: Year corp. will cease to exist or		
			(Daration Your corp. Will	count to exist of perpetual y	
. <u>AUGUS</u>	Г 01, 2001				
(Date	e first transacted business in Florida. If corporation has (SEE SECTIONS 607.15	ns not transa	cted business in Florida, in	sert "upon qualification.")	
	(SEE SECTIONS 607.13	01, 007.130	2 and 617.133, F.S.)		
. <u>501 E</u>	AST CHEROKEE				
	(Principa	l office add	ess)	-	
PO BOX	K 1853 MCALESTER OK 74502			•	
	(Current	mailing add	ress)		
MAINT	FENANCE & SECURITY CONTRACTO				
	(Purpose(s) of corporation authorized in home s	tate or coun	try to be carried out in the s	tate of Florida)	
76.T		(D.O. D.	3 - 11 m m - 11 -		
. Name and	street address of Florida registered agent:	(P.O. Box	or Mail Drop Box NC	or acceptable)	
Name:	MARK STEWART	_	, ,		
				2 × 2	
~				Z Z	
fice Address:	1 SABINE ISLAND- USEPA	·	*= := :	#45 SE	
fice Address:			72.12 <i>:</i>	F1. SEP ~6 MASSEL	
fice Address:		, Florid	a 32561	FILL SEP-6, HASSEE, F	
fice Address:		, Florid	(Zip Code)	FILEL SEP-6 AM 10F OURPOR HASSEE, FLC	
	GULF BREEZE (City)	, Florid	a 32561 (Zip Code)	FILED SEP-6 AM 7: 105 SOMPORAT MASSIE, FLORM	
Registered	GULF BREEZE (City) agent's acceptance:			FILED SEP-6 AM 7:4 HASSEE, FLORIDA	
Registered	GULF BREEZE (City) agent's acceptance: amed as registered agent and to accept serv	ice of pro	cess for the above stat	FILED HASSEE, FLORIDATION at the place	
Registered wing been n ignated in th	GULF BREEZE (City) agent's acceptance: amed as registered agent and to accept services application, I hereby accept the appoint	ice of pro ment as r	cess for the above stat egistered agent and ag	ree to act in this capacity. I	
Registered wing been n ignated in the	GULF BREEZE (City) agent's acceptance: amed as registered agent and to accept services application, I hereby accept the appoint of comply with the provisions of all statutes	ice of pro ment as r relative to	cess for the above stat egistered agent and ag the proper and compl	ree to act in this capacity. I lete performance of my	
Registered wing been no signated in the	GULF BREEZE (City) agent's acceptance: amed as registered agent and to accept services application, I hereby accept the appoint	ice of pro ment as r relative to	cess for the above stat egistered agent and ag the proper and compl	ree to act in this capacity. I lete performance of my	
Registered wing been n ignated in the	GULF BREEZE (City) agent's acceptance: amed as registered agent and to accept services application, I hereby accept the appoint of comply with the provisions of all statutes	ice of pro ment as r relative to	cess for the above stat egistered agent and ag the proper and compl	ree to act in this capacity. I lete performance of my	
Registered ving been n ignated in ti ther agree to	GULF BREEZE (City) agent's acceptance: amed as registered agent and to accept services application, I hereby accept the appoint of comply with the provisions of all statutes	ice of pro ment as r relative to	cess for the above stat egistered agent and ag the proper and compl	ree to act in this capacity. I lete performance of my	
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Registered wing been n ignated in the ther agree to	GULF BREEZE (City) agent's acceptance: amed as registered agent and to accept services application, I hereby accept the appoint of comply with the provisions of all statutes	ice of pro ment as r relative to of my poss	cess for the above stat egistered agent and ag the proper and compi tion as registered agen	ree to act in this capacity. I lete performance of my	

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

STF FL32376F.1

jurisdiction under the law of which it is incorporated.

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

A. DIRI	ECTORS				
Chairman	CHERYL BERNARDI	ŧ	4	·	
Address:	1303 LEHIGH STREET				_
	HARTSHORNE, OKLAHOMA 7454	.7			<u> </u>
Vice Chair	rman: DAVID TOLMAN			-	
Address:	ROUTE 2 BOX 67C				
	MCALESTER, OKLAHOMA 74501				
Director:					
Address:					
					<u>.</u>
Director:				·	
Address:					
B. OFFI	CERS			-	
President:	CHERYL BERNARDI				
Address:	1303 LEHIGH STREET	graph see			
	HARTSHORNE, OKLAHOMA 7454	7	<u> </u>		
Vice Presid	dent: DAVID TOLMAN				10 July 20 Jul
Address:	ROUTE 2 BOX 67C				2001 1/4/A
	MCALESTER, OKLAHOMA 74501				15.55 15.55
Secretary:	DAVID TOLMAN				THE TO A
Address:	ROUTE 2 BOX 67C				1000 1000 1000 1000 1000 1000 1000 100
	MCALESTER, OKLAHOMA 74501				SM
Treasurer:	DAVID TOLMAN				
Address:	ROUTE 2 BOX 67C			-	-
	MCALESTER, OKLAHOMA 74501	=	-		
13	(finecessary, you may attach an addendum to			 ,	
14. <u>CHE</u>	RYL BERNARDI, PRESIDENT (Typed or printed name)	e and capacity of	person signing ap	plication)	

