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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Diversified Conveyors, 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:
Cindy Tirinato
(Name of Person)
Cindy Tirinato (Name of Person) Diversified Conveyors, Inc. (Firm/Company)
31/ 2 None from Paris
3160 Directors Row (Address)
(Address) Memphis TN 38131 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Cindy Ticinato at (901)396-5370 ext. 16 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassec, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassec, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee \$\ \text{Certificate of Status} \text{☐ \$78.75 Filing Fee & Certified Copy} \text{Certificate of Status & Certified Copy} \text{Certificate Opy} \text{Certified Copy}

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 FLÖRIDA.

2 <u></u>	try under the law of which	3	. 62 -	1829831		
(State or cour	try under the law of which	it is incorporated)	()	FEI number, if ap	oplicable)	
4. <u>Seg</u>	Hember 1,2000 Date of incorporation)	5	P	erpetual		
Ţ)	Date of incorporation)		(Duration: Yea	r corp. will cease	to exist or "perpe	tual")
6иро	n gualification nsacted business in Florida					
(Date first tra	nsacted business in Florida (SE	a. If corporation has not to E SECTIONS 607.1501,	ansacted busine 607.1502 and 8	ess in Florida, ins 17.155. F.S.)	ert "upon qualifica	ition.")
- 211 -	,	•				
7. <u>· 3160 j</u>	Directors Row	(Principal office addre	58737 ss)			
21/0	Directors Row	Manakic to	2012/			
<u> 3760 £</u>	" RECTORS KOW	(Current mailing addre	<u> 2073 /</u> SS)			
		· ·				
8	con veyor ins	Fallation				
(Purpo	se(s) of corporation author	rized in home state or cour	atry to be carrie	d out in state of l	Florida)	
9. Name and	street address of Florid	da registered agent: (P.O. Box or M	lail Drop Box <u>N</u>	NOT acceptable)	03
Mamo	_CT Corpor	ation Sich.		<u> </u>		03 MAR 14
Name:	CI Wiper	arion system_		ž.		70
	s: 1200 S. Pi,	ne Island Rd	! <u>* · · · · · · · · · · · · · · · · · · ·</u>		LAHAESEE TLORIDA	~-
Office Address						A
Office Address	Plantation (City)		Florida	33324	, '	_

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.

See attached

(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.

ACCEPTANCE OF APPOINTMENT

RE: Diversified Conveyors, Inc.

CT Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: February 24, 2003

C T CORPORATION SYSTEM

By John J. Linnihan, Asst. Vice President

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ___ Address: __ Vice Chairman: Address: Director: Thomas M Phillips Address: 6269 Bent Creek Dr. Germantown, TW 38138 Director: Elizabeth M. Phillips Address: 6269 Bent Creek Dr. Germantoun, TN 38138 B. OFFICERS President: Thomas M. Phillips Address: 6269 Bent Creek Dr. Germantown TN 38138 Vice President: Address: Secretary: Elizabeth M. Phillips Address: 6269 Bent Creek Dr. Germantown, TN 38138 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Kowes Milliger (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Thomas M. Phillips, President (Typed or printed name and capacity of person signing application)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 02/13/2003 REQUEST NUMBER: 03044510 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 09/01/2000 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0395088 JURISDICTION: TENNESSEE

TO: DIVERSIFIED CONVEYORS, INC %CINDY TIRINATO 3160 DIRECTORS ROW MEMPHIS, TN 38131 REQUESTED BY: DIVERSIFIED CONVEYORS, INC %CINDY TIRINATO 3160 DIRECTORS ROW MEMPHIS, TN 38131

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"DIVERSIFIED CONVEYORS, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS NOT BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

DIVERSIFIED CONVEYORS INC.

GERMANTOWN, TN 38138-0000

6929 BENT CREEK DR

ON DATE: 02/13/03

RECEIVED:

\$60.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$60.00

RECEIPT NUMBER: 00003215209 ACCOUNT NUMBER: 00371695

ACRICULTURE

FROM:

RILEY C. DARNELL SECRETARY OF STATE