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| (Business Entity Name)                  |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |
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SECRETARY OF STATE

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TON AN 31 PO 3 SS TO: New Filing Section Division of Corporations SUBJECT: GATOR TRANSPORT, 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: David L. Dearing (Name of Person) GATOR TRANSPORT, INC. (Firm/Company) 12077 Broad Street (Address) Brooksville, Florida 34601 (City/State and Zip code) For further information concerning this matter, please call: at ( 813 ) 431.1601 (Area Code & Daytime Telephone Number) David L. Dearing (Name of Person) STREET/COURIER ADDRESS: MAILING ADDRESS: **New Filing Section New Filing Section** Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & **▼** \$87.50 Filing Fee,

Certificate of Status

Certified Copy

Certificate of Status &

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## 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.                                             | GATOR T                                                                                                                     | RANSPORT, INC.                                                          |         |                                                                                    |       |  |  |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------|-------|--|--|
|                                                |                                                                                                                             | orporation; must include "INCORPORATI<br>orp," "Inc," "Co," or "Corp.") | ED,     | " "COMPANY," "CORPORATION,"                                                        |       |  |  |
|                                                |                                                                                                                             | EAVY HAUL, INC.                                                         |         |                                                                                    |       |  |  |
|                                                | (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) |                                                                         |         |                                                                                    |       |  |  |
| 2.                                             | Delaware                                                                                                                    |                                                                         | 3.      | 20-3378847                                                                         |       |  |  |
|                                                |                                                                                                                             | under the law of which it is incorporated)                              |         | (FEI number, if applicable)                                                        |       |  |  |
| 1                                              | 08.29.05                                                                                                                    |                                                                         | 5       | Perpetual                                                                          |       |  |  |
| 7.                                             |                                                                                                                             | of incorporation)                                                       | ٥.      | (Duration: Year corp. will cease to exist or "perpetual")                          |       |  |  |
| 6.                                             |                                                                                                                             |                                                                         |         |                                                                                    |       |  |  |
|                                                |                                                                                                                             |                                                                         |         | n Florida, if prior to registration)<br>502, F.S., to determine penalty liability) |       |  |  |
| 7.,                                            | 12077 Bro                                                                                                                   | ad Street, Brooksville, Flor                                            |         |                                                                                    |       |  |  |
|                                                |                                                                                                                             | (Principal office                                                       | add     | ress)                                                                              |       |  |  |
| 12077 Broad Street, Brooksville, Florida 34601 |                                                                                                                             |                                                                         |         |                                                                                    |       |  |  |
|                                                |                                                                                                                             | (Current mailing                                                        | add     | ress)                                                                              | n     |  |  |
| 8.                                             | Trucking.                                                                                                                   |                                                                         |         | EREL 3                                                                             |       |  |  |
|                                                | (Purpose(s                                                                                                                  | ) of corporation authorized in home state o                             | r co    | ountry to be carried out in state of Florida)                                      | Li    |  |  |
| 9.                                             | Name and stree                                                                                                              | t address of Florida registered agent: (                                | P.C     | D. Box NOT acceptable)                                                             |       |  |  |
|                                                | Name:                                                                                                                       | David L. Dearing                                                        |         | NOT acceptable)                                                                    |       |  |  |
| 0:                                             | ffice Address:                                                                                                              | 12077 Broad Street                                                      |         |                                                                                    |       |  |  |
|                                                |                                                                                                                             | Brooksville                                                             |         | , Florida 34601                                                                    |       |  |  |
|                                                |                                                                                                                             | (City)                                                                  |         | (Zip code)                                                                         |       |  |  |
|                                                |                                                                                                                             | gent's acceptance:                                                      | · prayi | ce of process for the above stated corporation at the t                            | ilace |  |  |

ing been named as registered agent and to accept service of process for the above statea 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.

(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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| A. DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
| Chairman: David L. Dearing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |
| 12. Names and business addresses of officers and/or directors:  A. DIRECTORS  Chairman: David L. Dearing  Address: 12077 Broad Street, Brooksville, Florida 34601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ) <u>;</u> |
| Vice Chairman:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1/E        |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
| Director:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
| Director:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
| B. OFFICERS  President: David L. Dearing  Address: 12077 Broad Street, Brooksville, Florida 34601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |
| Vice President:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
| Secretary:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |
| Address:  Treasurer: David L. Dearing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |
| Address: 12077 Broad Street, Brooksville, Florida 34601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |
| NOTE: If necessary, you may attach an addendum to the appliance of the additional officers and/or directors.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
| (Signature of Director or Officer listed in 1  14. DAVID L. DEARING  (Signature of Director or Officer listed in 1  (Si |            |
| (Typed or printed name and capacity of person signing application)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |

## Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GATOR TRANSPORT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JANUARY, A.D. 2008.

TILED

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SECRETARY OF STATE
ASSEE, FLORIDA

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Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 6322642

DATE: 01-18-08

You may verify this certificate online at corp.delaware.gov/authver.shiml