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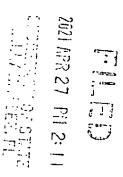
(Requestor's Name)				
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COVER LETTER

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TO:	Registration Section Division of Corporations	. •			
SUBJ	ECT: DIOMOND	ShAMRO	CK CORP.		
	Name	of corporation - m	nust include suffix	· ·	
Dear S	ir or Madam:				
"Certif	iclosed "Application by Foreign Confector of Existence," or "Certificate referenced foreign corporation to the component of t	e of Good Standing	g" and check are subi		
Please	return all correspondence concern	ing this matter to	the following:		5.5
	Michael	Mu/hv//k Name of Pers	med		
		Name of Pers	son	1-17) 17-3	100
	Diamond	ShAMRO	CK COKP.		
		Firm/Compan	ıy	(51°11	
	41	TRESCOT	+ Streei	F	2:
		Address		Fil	
	Dix Hi	1/5 NY	11746. Zip code		
		City/State and 2	Zip code		
	Mullyc	SFB C GA	MA'L (COM) uture annual report n		
	E-mail addres	s: (to be used for f	uture annual report n	otification)	
For fur	ther information concerning this r	matter, please call:			
Mic	Name of Person	at (63/)	742-053	Z	
	Name of Person	Area Code	Daytime Teleph	none Number	
	STREET/COURIER ADDRES	SS:	MAILING A		
	Registration Section Division of Corporations		Registration Se Division of Co		
	The Centre of Tallahassee		P.O. Box 6327	•	
	2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	0	Tallahassee, F	L 32314	
Please	ned is a check for the following am make check payable to: FLORIDA D 0.00 Filing Fee	EPARTMENT OF ng Fee & \$7	STATE 78.75 Filing Fee & ertified Copy	\$87.50 Filing Certificate of	f Status &

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.

(Enter name of c	orporation; must include "INCORPORATED," "(orp.," "Inc.," "Co.," or "Corp.")	COMPANY," "CORPORATION,"	
	able in Florida, enter alternate corporate name ado VIM 3		orida)
(State of countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4 Febru	ANY 9, 2009 5.	(1)	B
(Date	of incorporation)	(Date of duration, if other than perpetual)	en:
- 111 TM	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502, SCOH St Dix HIS NY. 1/ (Principal office s	need to the first the second of the second o	T PH
7	(Principal office s	street address)	- 1.7
	(Current mailing a	ddress, if different)	
8. Name and stree	et address of Florida registered agent: (P.O. B	ox NOT acceptable)	
Name:	Registered Agents Inc.	_	
Office Address:	7901 4th St N STE 300		
	St. Petersburg	, Florida 33702	
	(City)	(Zip code)	
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes related with and accept the obligations of my positions.	t as registered agent and agree to act in this tive to the proper and complete performance	capacity. I
	Bel Hame		
	(Registered agent's signa	ture)	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

10. 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

□ Director ✓ President	Name: Evoly (Mulhvlland Address: 41 Trescott St. Dix HIB NY 11746	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary	Name: Michael MultiMans Address: 41 Trescott St Dix Hills MY 11744			
□Other	Other	Other	Other			
□Vice Chairman □Director □President	Name: Address:	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Other	Name: Address: Treasurer Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	Treasurer	□Secretary	□Treasurer			
□Other	Other	□Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals now be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.						
13. EVELYNE MULINIAND Michael PMULIAND (Typed or printed name and capacity of person signing application)						

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of DIAMOND SHAMROCK CORP. was filed on 02/09/2009, under the name of DIAMOND SHAMROCK, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment DIAMOND SHAMROCK, INC., changing its name_to DIAMOND SHAMROCK CORP., was filed 01/28/2011.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 16th day of April two thousand and twenty-one.

Brandon C. Hydra

Brendan C Hughes
Executive Deputy Secretary of State