## M04000005724

(Requestor's Name)					
(Address)					
(Ac	idress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
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TALLAHASSEE, FLORIDA

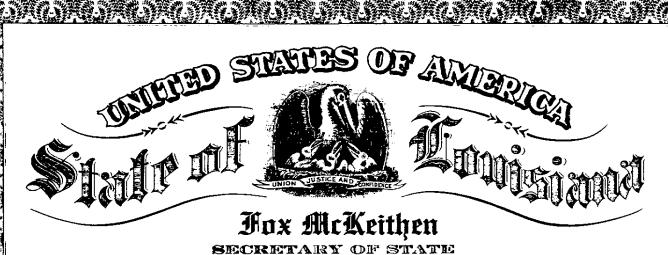
## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Manson Gulf	, L.L.C.
	Jame of Limited Liability Company)
The enclosed "Application by Foreign Florida," Certificate of Existence, and liability company to transact business	Limited Liability Company for Authorization to Transact Business in check are submitted to register the above referenced foreign limited in Florida
Please return all correspondence conce	erning this matter to the following:
Chr	ista Dinkler
<del></del>	(Name of Person)
Man	son Gulf, L.L.C.
	(Firm/Company)
P.O	. Box 2917
	(Address)
<b>Поли</b>	a, LA 70361
nound	(City/State and Zip Code)
For further information concerning thi	s matter, please call:
Vincent J. Dinkler	985 580-1900 TALL ATT
(Name of Person	n) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following a	amount:
☐ \$125.00 Filing Fee	Filing Fee & \$\Bigcup \$155.00 \text{ Filing Fee & \$160.00 \text{ Filing Fee, Certificate}}\$  Certificate of Status Certified 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:

Manson Guli	F, L.L.C. (Name of Foreign L			*****
	(Name of Foreign L	imited Lia	bility Company)	
Louisiana		3	72-1405789	
(Jurisdiction under the loompany is organized)	law of which foreign limited lie	ability	( FEI number, if applicable	)
12/24/1997 (Date of	Örganization)	5	perpetual (Duration: Year limited liability compan	y will cease to
			exist or "perpetual")	•
N/A	(Data Gasta and Allandaria	ia li Elasi	Jo (Fundamenta reconstructions)	·····
	(Date first transacted busine (See sections 608.501 & 608.	502 F.S. to	da, if prior to registration.) determine penalty liability)	
392 Old Ba	you Dularge Rd.,		T	
	(Street A	Address of	Principal Office)	
If limited liability	company is a manager-ma	anaged c	ompany, check here	
			rou Dularge Rd., Houma,	
e jurisdiction under the la anslation of the certificate	aw of which it is organized. (A per under cath of the translator mus	shotocopy st be submi	ys old, duly authenticated by the official havis not acceptable. If the certificate is in a fore tted.)	ign Mindage as 21 PA
Offshore.c	onstruction dre	dging		25. 25.
011511010	Signature of a member of (In accordance with section 608,	or an auth 408(3), F.S es of perjur	norized representative of a member.  If the execution of this document constitutes by that the facts stated herein are true.)  If the constitutes are true.	A
	Typed or	printed	name of signee	



As Secretary of State, of the State of Louisiana, I do hereby Certify that the Articles of Organization of

MANSON GULF, L.L.C.

Domiciled at HOUMA, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on December 24, 1997,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on, December 14, 2004

10x. W. Cillan

Secretary of State



## 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 of the	Limited Liability Comp	any is:		
Manson Gulf L.L.C.				
2. The name and th	e Florida street address o	of the registered as	gent and office are	t.
	СТ	Corporation System		
		(Name)		<del></del>
		South Pine Island Roa		
	Florida Street Addi	ress (P.O. Box <u>NOT</u>	ACCEPTABLE)	· <del></del>
	Plantation	FL	33324	
		City/State/Zip		
liability company at t agent and agree to a relating to the proper	as registered agent and to the place designated in th ct in this capacity. I furth r and complete performan sition as registered agent Corporation System	nis certificate, I her ner agree to comply nce of my duties, an	eby accept the appo with the provision ad I am familiar wi	ointment as registered us of all etatytes 280 ith and accept the DEC 30 ida Statutes 21 ASSS
Vi	(Signature) ctor Alfano			PH 12: 0'
Aasis	tant Secretary			RATE O

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

S 25.00 Designation of Registered Agent

5.00 Certificate of Status (optional)