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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

FEB 1 1 2010

EXAMINER

COVER LETTER

TO:

Registration Section

| Divisio | on of Corporations | |
|----------------------------------|---|-------------------------|
| SUBJECT: | Diversity Construction Solutions LLC Name of Limited Liability Company | |
| | Name of Limited Liability Company | |
| The enclosed "A Existence, and c | Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce check are submitted to register the above referenced foreign limited liability company to transact business | rtificate of in Florida |
| Please return all | Il correspondence concerning this matter to the following: | |
| | Josette Armstrong | |
| | Name of Person | |
| | Diversity Construction Solutions LLC | |
| | Firm/Company | |
| | 2440 S. Alabama Avenue | |
| | Address | |
| | Monroeville, Alabama 36460 | |
| | City/State and Zip Code | |
| | JArmstrong@gatepetro.com | |
| · | E-mail address: (to be used for future annual report notification) | |
| For further infor | ormation concerning this matter, please call: | |
| | Josette Armstrong at (251) 743-5442 | |
| | Name of Person Area Code & Daytime Telephone Number | |
| Division Registra P.O. Bo | ING ADDRESS: on of Corporations ration Section lox 6327 assee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |
| Enclosed is a | check for the following amount: | |
| \$125 | 5.00 Filing Fee \$\ \tag{\$130.00 Filing Fee & Certificate of Status}\$\$ \$155.00 Filing Fee & \tag{\$160.00 Filing Fee, Certified Copy}\$\$ of Status & Certified Copy | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | Diversity Construction Solutions LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC | .") | _ |
|-----|--|----------------|-------------------------|
| COI | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copusent of the managers or managing members adopting the alternate name. The alternate name must include "Limite ompany," "L.L.C," "LLC.") | of the | _ e written ility |
| 2. | Alabama 3. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) | | |
| - 1 | Alabama 3. (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) | | _ |
| 4. | February 4, 2009 5. Perpetual (Date of Organization) (Duration: Year limited liability company will be company will company will be company wi | | |
| •• | (Date of Organization) (Duration: Year limited liability company will consist or "perpetual") | ase to | _ |
| 6. | | | _ |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | | ۳ |
| 7. | 2440 S. Alabama Avenue | 10 | <u>S</u> E |
| • | Monroeville, Alabama 36460 | 833 | ON O |
| | (Street Address of Principal Office) | 0 | |
| 8. | If limited liability company is a manager-managed company, check here | НЧ | ORPO |
| 9. | The name and usual business addresses of the managing members or managers are as follows: | € ‡ : I | RATIO |
| | Josette Armstrong/ 2440 S. Alabama Avenue, Monroeville, AL 36460 | | KS |
| | Dean O. Gwin/ 9540 San Jose Boulevard, Jacksonville, FL 32257 | | _ |
| | James E. McCormack/ 9540 San Jose Boulevard, Jacksonville, FL 32257 | | <u>.</u> |
| the | . Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custor jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langual negation of the certificate under oath of the translator must be submitted.) | - | cords in |
| 11 | . Nature of business or purposes to be conducted or promoted in Florida: | | |
| | Construction and any such business under the laws under which it is organized. | | |
| | Sperte aunitors | | |
| | Signature of a member or an authorized representative of a member. (in accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | | |
| | Josette Armstrong | | |
| | Typed or printed name of signee | | |

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 Company is: | |
|----------------|--|----------|
| | Diversity Construction Solutions LLC | <u> </u> |
| If unavailable | e, the alternate to be used in the state of Florida is: | |
| 2. The name | and the Florida street address of the registered agent and office are: | |
| | CT Corporation System | |
| • | (Name) | - |
| | 1200 S. Pine Island Road | _ |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | - |
| | • | |
| | Plantation, FL 33324 | _ |
| | City/State/Zip | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

Madonna Cuddihy Special Assistant Secreta(\$\foat{9}{25.00}\$

Filing Fee for Application Designation of Registered Agent

Certified Copy (optional) \$ 30.00 5.00

Certificate of Status (optional)

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Diversity Construction Solutions, LLC organized in the office of the Judge of Probate of Montgomery County on February 4, 2009. I further certify that the records do not disclose that said Diversity Construction Solutions, LLC has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

September 24, 2009

Date

Beth Chapman

Beth Chapman

Secretary of State