Florida Department of State

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Division of Corporations

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10 DEC -3 PM 12:

Foreign Limited Liability Company Port Contractors - Southeast, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

B. BOSTICK

DEC 6 2010

EXAMINER 12/3/2010

COVER LETTER

SUBJECT:	Port Contractors-Southeast, LLC			
	Name of Limited Liability Company	ı		
	ted Liability Company for Authorization to Transact Business in ter the above referenced foreign limited liability company to trans			
Please return all correspondence concerning	this matter to the following:			
<u></u>	Name of Person			
	Firm/Company	<u></u>		
	Address			
	City/State and Zlp Code	<u></u> _		
E-mail ad	dress: (to be used for future annual report notification)			
For further information concerning this mat	ter, please call:	SEUKLIAR) UF STATE ALLANASSEE, FLORID	10 DEC	***Y
	at ()	<u> </u>	ü,	71 mm
Name of Person	Area Code & Daytime Telephone Number	m—		ä Lymy
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations	- FLO	AH 8:	
Registration Section	Registration Section	콘스	\sim	
P.O. Box 6327 Taliahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Ä	ထ	

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 RECEISER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RESIDENS INTERESTATE OF STATE OF

	D . A
1.	Port Contractors - Southeast, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	(and the state of
(1f	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writ
	nsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
CC	ompany," "L.L.C," "LLC.")
2.	Delaware (Jurisdiction under the law of which foreign limited liability (FBI number, if applicable)
	(Jurisdiction under the law of which foreign limited liability (FSI number, if applicable) company is organized)
4.	12/10/2008 5, perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6	9/23/2010
٠.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	529 Terminal Avenue
	New Castle, DE 19720
	(Street Address of Principal Office)
٥	If limited liability company is a manager-managed company, check here
U,	If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	Greenhull Group, LLC
	529 Terminal Avenue
	New Castle, DE 19720
10	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records
	i unisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	relation of the certificate under oath of the translator must be submitted.)
	Man det VI - 412-
11	. Nature of business or purposes to be conducted or promoted in Florida: Material Handling
	De dans
	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.)
	Michael Evanko
	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 Limit	ed Liability Comp	any is:	
	Port Cont	ractors-Southeast, LLC	
If unavailable, the alterna	te to be used in the	e state of Florida is:	
2. The name and the Flor	ida street address o	of the registered agent and office are:	SEURE PAI
	СТ	Corporation System	SEE B
		(Name)	
		South Pine Island Road	8: 29 STATE FLORID
	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)	D
	Plantation	FL 33324	
		City/State/Zip	_
liability company at the pla agent and agree to act in the relating to the proper and	ace designated in th his capacity. I furth complete performa	o accept service of process for the above his certificate, I hereby accept the appoin her agree to comply with the provisions o nce of my duties, and I am familiar with as provided for in Chapter 608, Florida	ument as registered of all statutes and accept the
C T Corporation S	System Col	nnie Bryan	
By: Committee B. (Sign		ant Secretary	
	\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional)	
	\$ 5.00	Certificate of Status (optional)	

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PORT CONTRACTORS - SOUTHEAST, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE SECOND DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

10 DEC -3 AM 8: 29
SECREIARY OF STATE
TALLAHASSEF, FI ORINA

4513793 8300

101144081

AUTHENTICATION: 8395043

DATE: 12-02-10

You may verify this certificate oblin at corp.delaware.gov/authver.shtml