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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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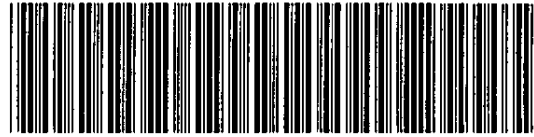
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CS. 8-22

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PETROLEUM SERVICE & CALIBRATION, 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:

JEFFREY D. MCCRARY

(Name of Person)

PETROLEUM SERVICE & CALIBRATION, INC.

(Firm/Company)

7973 VISTA VIEW DRIVE

(Address)

SHERRILLS FORD NC 28673

(City/State and Zip code)

For further information concerning this matter, please call:

JEFFREY D. MCCRARY

(Name of Person)

at (828) 320-2848

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **PETROLEUM SERVICE & CALIBRATION, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **NORTH CAROLINA**

(State or country under the law of which it is incorporated)

3. **56-2193183**

(FEI number, if applicable)

4. **MAY 22, 2000**

(Date of incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **7973 VISTA VIEW DRIVE SHERRILLS FORD NC 28673**

(Principal office address)

7973 VISTA VIEW DRIVE, SHERRILLS FORD NC 28673

(Current mailing address)

8. **TESTING OF UNDERGROUND STORAGE TANK SYSTEMS**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: PATRICK W. DOYLE, Esq.

Office Address: 800 West Morse Blvd., Suite I

Winter Park

(City)

, Florida 32789

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated 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.

Patrick W. Doyle

(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:

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A. DIRECTORS

Chairman: N/A

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Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

B. OFFICERS

President: JEFFREY D. MCCRARY OR ROBERT R. JENKINS

Address: 7973 VISTA VIEW DRIVE

SHERRILLS FORD NC 28673

Vice President: CHARLA M. JENKINS

Address: PO BOX 1339

COATS NC 27521

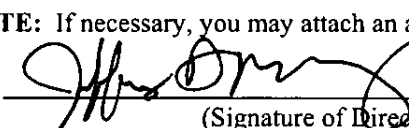
Secretary: JEAN JENKINS-MCCRARY

Address: 7973 VISTA VIEW DRIVE SHERRILLS FORD NC 28673

Treasurer: JEAN JENKINS-MCCRARY

Address: 7973 VISTA VIEW DRIVE, SHERRILLS FORD NC 28673

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. JEFFREY D. MCCRARY-PRESIDENT

(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

Department of The Secretary of State

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

PETROLEUM SERVICE & CALIBRATION, INC.

is a corporation created, organized and existing under the laws of the State of North Carolina, having been incorporated on the 22nd day of May, 2000, and that the registered agent and office address is:

MCCRARY, JEAN J.
7973 VISTA VIEW DRIVE

SHERRILLS FORD, NC 28673

I FURTHER certify that the said corporation has not filed articles of dissolution and continues to be in existence in this State as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of July, 2008.

Elaine F. Marshall

Secretary of State

