

To: Qualification/Tax Lien Section Division of Corporations		
SUBJECT: BLUE WATER SURVEY	iors, inc.	
SUBJECT: SUBJECT: (Name of corporation	on - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	register the above referenced	foreign corporation
Please return all correspondence concerning this matter	r to the following: 50	00031777555 -03/21/0001074001 ******78.75 ******78.75
Socay (Name o	promy	*****78.75 *****78.75
	f Person)	
BLUE WO	TER SYNVEYOUS, ompany)	14c.
(Firm/Co	ompany)	
1 DVENUE (Add	A	
(Add	ress)	
FORT PIE	RCE, FLORIDA Tate/Zip)	34950
(City/Sta	ate/Zip)	
Should you need to call someone concerning this matter	er, please call:	
(Name of Person) at (214)	7047750	
(Name of Person) (Area	Code & Daytime Telephone I	Number)
STREET ADDRESS:  Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  Enclosed is a check for the following amount:	MAILING ADDRESS:  Qualification/Tax Lien Sec Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	FILED  OD MAR 21 AN 8: 52  SECRETARY OF STATE TALLAHASSEE, FLORIDA
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & G 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.

1. BUE WOTER SURVEYORS, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
natural person of partnership it not so contained in the feature as prosens,
2. TEXAS  (State or country under the law of which it is incorporated)  3. 75-254487  (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Color (Date of incorporation)  5. FERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. APRIL 2, 7000 ESTIMATED  (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1 PUENCE A
Fort Pierce, FL. 34950 (Current mailing address)
(Canada Manada M
· Magne Sugveying
8. Mark Surveying  (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 or Mail Drop Box NOT acceptable)
Name: BOBBY Brown
Name: ROBBY Brown  Office Address: 1 ROBERUE A
Name: BOBBY Brown  Office Address: 1 ROWERUE A
Florida, 34950 SA 2 F
Name: BOBBY BROWN  Office Address: 1 EVERNE A  Fort PIERCE, Florida, 34950 (Zip code)  TOP BETT PIERCE
Florida, 34950 SA 2 F
Cord Pierce , Florida, 74950   SAR 2   Cord Code
Cot Pierce   Florida, 34950   Cip code   C
Cott Pierce   Florida, 74950   Cip code
Cot Pierce   Florida, 34950   Cip code   To Pierce   Cip code   To Pierce   Cip code   To Pierce   Cip code   To Pierce   Cip code
Cot Pierce   Florida, 34950   Cip code   C

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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

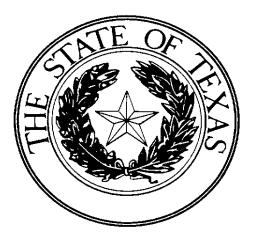
A. DIRECT	CORS (Street address only - P.O. Box NOT acceptable)			
Chairman: _	Bossey Brown			
Address:	1 preme A			
<del></del>	FORT PIERCE, FL. 34950			
Vice Chairma	an:			
Address:				
Director:				
Address:		1"		
Director:				··
Address:				
	ERS (Street address only - P.O. Box NOT acceptable)			
	BOOBY Brand			
	I PARME A			
	FORT PIERCE, FL. 34950			
Vice Preside	ent:			
Address:		<del></del> .		<del> </del>
		٠		
Secretary: _			<u>S</u> _	
Address:		<u></u>	X R	<del>-1]</del>
				<u></u>
Treasurer: _		" <u></u>	=	Ö
Address:			<u>α</u>	
Address		) 	2	
NOTE: If:	necessary, you may attach an addendum to the application listing additional officers and/or directors.			
/	Sollry Barrion			
13.	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		,	
14	(Typed or printed name and capacity of person signing application)			



IT IS HEREBY CERTIFIED that Articles of Incorporation of

BLUE WATER SURVEYORS, INC. File No. 1315695

were filed in this office and a certificate of incorporation was issued to this corporation, and no certificate of dissolution is in effect and the corporation is currently in existence.



IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 16, 2000.

Elton Bomer Secretary of State BAM