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TRANSMITTAL LETTER

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	SURI	rст.	Burk	halter R	igging, Ir	ıc.—			. –			
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	Dear S	ir or Ma	dam:									
	"Certif	icate of		', and check	n Corporation are submitted							
	Please	return al	ll correspo	ndence cond	erning this m	atter to	the following	;·				
			Miche	lle Mims					3	. •		
				_ -	(Nan	ne of Per	rson)	<u></u>	¥*.		••	
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	For fur	rther info	ormation c	oncerning th	iis matter, ple	ase call:		130		RETARY O	OCT 22 A	FILED
	Mí	chelle	Mims		at (_662		327-7711	x− 30		S	A 19	
		(Name	e of Persor	1)	(A	rea Cod	e & Daytime	Telephone	Number)	OF STATE E. FLORIDA	9: 02	
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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 10, 2002

MICHELLE MIMS BURKHALTER RIGGINS, INC. P.O. BOX 9360 COLUMBUS, MS 39705-9360

SUBJECT: BURKHALTER RIGGING, INC.

Ref. Number: W02000029326

We have received your document for BURKHALTER RIGGING, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

You failed to complete the second page of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 002A00056697

Diane Cushing Corporate Specialist

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.

	r Rigging, Incorporated		A .			_ '	
	ation; must include the word "INCORPOI						
words or abbrevi	ations of like import in language as will c	learly in <u>di</u> cate that it i	s a corporation in	stead of a			
natural person or	partnership if not so contained in the nam	ne at present.)					
201 1 1 -	_3	64-0538	3314				
2. Mississip	p1 under the law of which it is incorporated)	_3. <u> </u>					-
(State or country	under the law of which it is incorporated)	. (FEI number, if ap	plicable)			
11/01/107	, a		. 7				
4. <u>11/01/197</u>	of incorporation)		r corp. will cease	to aviet or "	omotual??	_	٠
(Date	of incorporation)	(Duration, 1 ea	ir corp. with cease	to exist of p	erpeman)		
6. 09/03/200)2	==-		eus e	1		
(Date first transac	ted business in Florida. If corporation ha	s not transacted busin	ess in Florida, ins	ert "upon qua	lification.'	")	
•	(SEE SECTIONS 607.	1501, 607.1502 and 8	17.155, F.S.)				
0100 0	mandl Cancalharry Flori	Ida 32707			AESE	8	
7. 2108 Cree	Trail Casselberry, Flori	=======================================	<u> </u>	<u>= 4 , , , , , , , , , , , , , , , , , , </u>	<u> </u>	<u>-</u>	
	(Principal office	address)			ŧΩ		
2108 Cree	Trail Casselberry, Flori	ida 32707		: 	55, 2	N	===
	e Trail Casselberry, Flor (Current mailing	address)					רבי
	(0	,			· 유		E
	ss. where and hooses	haulina			<u> </u>	ထ္	
8Sales	office - rigging and heavy	madring	. <u> </u>	<u>*</u>		_Ö	
(Purpose(s) of corporation authorized in home state	or country to be carrie	ed out in state of I	·lorida)	Omi	2	
		. (2.2.2.			• • •		
9. Name and stre	<u>et address</u> of Florida registered ago	ent: (P.O. Box or N	Iaii Drop Box N	IOT accepta	ible)		
Mamai	Steve Fox	<u>.</u>	•	-			
Name: _							
Office Address:	2108 Cree Trail						
Office Address.				_			
	Coogelherry	- Florida	32707				
_	Casselberry. (City)	, 1 101144	(Zip code)				
	(0.1.)/		(22)				
10. Registered as	gent's acceptance:						
•	ed as registered agent and to accept	service of process f	or the above sta	ited corpora	tion at th	e plac	e:e
	application, I hereby accept the app						
further agree to c	omply with the provisions of all statu	ites relative to the p	roper and comp	olete perfori	nance of	my	
duties, and I am f	familiar with and accept the obligation	ons of my position a	is registered age	ent.			
	<i>~ ~ ~ ~ ~ ~ ~ ~ ~ ~</i>	-6					
		Jak	<u> </u>				
	(Registered ager	nt'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:

A. DIKE	CIORS			
Chairman:	C. Leon Burkhalter	· 	- 44 - 4-	
Address: _	647 Talley Road	-	-	•
_	Columbus, MS 39701	<u> </u>		
Vice Chairi	man:			
Address: _	The second secon			
Director: _		-		
Address: _				
_				
Director: _				SE 02 1
Address:		<u> </u>		FILE DCT 22 RETARY AHASSEI
	, 1981 M			TT) 1 1
B. OFFIC	CERS			D AH 9: 02 OF STATE
President: _	Delynn Burkhalter	_		02
C.E.O.	530 Greenbriar Drive	<u> </u>		
_	Columbus, MS 39705		· · · · · · · · · · · · · · · · · · ·	
Vice Preside	ent: Craig Stanford			
Address:	135 Lakeover Drive W.	,		
_	Columbus, MS 39702			
Secretary: _ Treasure	Ellen Burkhalter	· · · · · <u>· · · · · · · · · · · · · · </u>	· -	
	647 Talley Road Columbus, MS	39701		
Treasurer: _				
Address:				 -
NOTE: IC		We as as a		
NOTE: II	necessary, you may attach an addendum to th			
13.	(Signature of Chairman, Vice Chairman,	, or any officer listed in	number 12 of the appl	lication)
14. _ P	(Typed or printed name and can			
	(Typed or printed name and care	acity of person signing	application)	·

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY _

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on November 01,1973 the state of Mississippi issued a Charter/Certificate of Authority to:

BURKHALTER RIGGING, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

STATE OF STA

Given under my hand and seal of office September 19,2002

ERIC CLARK, Secretary of State