## F11000004848

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## **COVER LETTER**

10:		of Corporati						
SUBJ								
Name of corporation - must include suffix								
Dear S	ir or Madan	n:						
"Certif	ficate of Exi	stence," or	"Certification	ate of Good		d check are sub	nct Business in Florida," comitted to register the	
Please	return all co	orresponder	nce conce	rning this m	atter to the fo	llowing:		
	EDWAR	LD B.	Pou	STER I Nam	II_			
				Nam	e of Person			
POWISTER DRIVING CORP.								
Firm/Company								
P.O. b.y 745								
				-	Address			
CHOKOLOSKEK, FLORIDA 34138  City/State and Zip code								
E-mail address: (to be used for future annual report notification)								
		• E-	maii addr	ess: (to be u	ised for future	annuai report	notification)	
For fur	rther inform	ation conce	erning this	matter, ple	ase call:			
Edward Pollister at (231) 631-4721  Name of Person Area Code & Daytime Telephone Number								
Name of Person 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		
Enclos	sed is a chec	k for the fo	llowing a	mount:				
XIS.	70.00 Filing	Fee	\$78.75 Fi Certificat	ling Fee & ee of Status		Filing Fee & ed 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. POLYSTEL DRILLING CORPORATION

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

4. O9/16/2003
(Date of incorporation)

3. S6-2385756
(FEI number, if applicable)
(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
MICHIGAN: 19305-30+ AJENJE, MARION, MICHIGAN 49445

7. FLORIDA: 1 PLANTATION PARKWRY, ENERGLADES CITY, FLORIDA 34139 (Principal office address) Po box 765 CHOROLOSKEE, FLURIDA 34138
(Current mailing address) OIL & GAS DRILLING

(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) EDWARD B. PULLISTER III

10. Registered agent's acceptance:

Name:

Office Address:

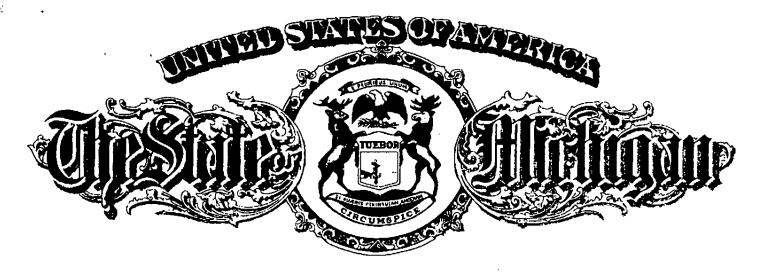
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

EVERGLADES CITY, Florida 34139
(City) (Zip code)

I PLANTATION PARKWAY

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. DIRECTORS Chairman: Address: \_\_\_ Vice Chairman: Director: Address: Director: Address: **B. OFFICERS** President: \_ EDWARD B. POLLISTER III Address: Po Box 765 CHOCKOLOSKEE, FLORIDA 34138 Vice President: GAIL S. PULLISTER Address: Po box 765 CHOKOLOSKEE, FLORDA 3438 Secretary: \_\_\_ GAIL S. POLLISTER Address: \_\_\_ Treasurer: \_\_\_\_\_GAILS, POLLISTER Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Edw 2+ & B Pollister AT Ples De NT
(Typed or printed name and capacity of person signing application)





This is to Certify That

## POLLISTER DRILLING CORPORATION

was validly incorporated on September 16, 2003, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 23rd day of November, 2011.

Director

Bureau of Commercial Services