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Certified Copies	Certificates	s of Status			
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K.SALY EXAMINER MAR 18

COVER LETTER

	ΓO: Registration Section Division of Corporations					
SUBJE	CT: _Ridgel	ine Construct: Name of corpo	ion ration	and Well Servi - must include suffix	ces_Inc	
Dear Sir	or Madam:					
"Certific	cate of Existence,"		d Stan	Authorization to Transac ding" and check are sub ss in Florida.		
Please re	eturn all correspon	dence concerning this t	natter	to the following:		
_Bill	y D Tackett					
		Nan	ne of I	Person		
_Ridg	eline Const	ruction and We	ell	Services Inc		
		Firm	/Com	pany		
1904	37 Street	West				
			Addre	ss		
Brad	enton Flord	ia 34205				
		City/S	tate ar	id Zip code		
gene	davisr@mikr	otec.com				
		E-mail address: (to be	used f	or future annual report r	notification)	
For furtl	ner information con	ncerning this matter, pl	ease c	atl:		
<u>Gene</u>	Davis & As			6)39-8043 - Cel		
	Name of Person	Area	a Code	Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclose	d is a check for the	following amount:				
□ \$70.0	00 Filing Fee 🛛	1 \$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &	

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. Ridgeline Construction and Well Services Inc 1. (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) 46-2130491 (State or country under the law of which it is incorporated) (FEI number, if applicable) 02262013 (Date of duration, if other than perpetual) (Date of incorporation) 02/26/2013 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 03/07/2016 (Principal office address) 1904 37 Street West Bradenton Flordia 34205 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Keith Tackett Name: 3855 La Florida Drive Office Address: Rockledge (City) (Zip code)

9. 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.

& Keith Tocket (Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:	Flim
A. DIRECTORS Billy D Tackett Chairman:	2016 MAR 17 PM 3: 05
1904 37 Street West	7.5F.Chir. Ph 3:05
Address: Bradenton Flordia 34205	ALLAMASSEE, FLURIS
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS Billy D Tackett President:	
1904 37 Street West Address:	
Bradenton Flordia 34205	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional	al officers and/or directors.
12. Signature of Director or Officer	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S. Billy D Tackett President 13.	affirms that the facts stated herein
(Typed or printed name and capacity of person signing applic	cation)

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

2016 MAR 17 PM 3:05
ALLAMASSEE STATE

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 173947

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

Ridgeline Construction and Well Services Inc.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is February 26, 2013 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by:KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 4th day of March, 2016, in the 224th year of the Commonwealth.

CHATHOLICE AND STORE THE S

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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