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March 8, 2019

SCOTT TEW 12 JOHN DYKES RD WAYNESBORO, MS 39367

SUBJECT: UNION OILFIELD SUPPLY, INC.

Ref. Number: W19000022330

We have received your document for UNION OILFIELD SUPPLY, INC., however upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$70.00.

The registered agent must sign accepting the designation.

The name and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 319A00004735

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. Œ	LINION Enter name of corpora	DIFIELD ation; must include "INC	Suppl. Inc CORPORATED," "CO	or por a teal MPANY," "CORPORATION,"		
"]	nc.," "Co.," "Corp," '	"Inc," "Co," or "Corp.")				
ā	f name unavailable in	Florida enter alternate		d for the purpose of transacting t	nusiness in Florida)	
			•	• •		
2	State or country unde	er the law of which it is i	incorporated)	(FEI number, if appli	cable)	
4	Datobec		5	(Date of duration, if other the		
	(Date of inc	corporation)		(Date of duration, if other tha	in perpetual)	
6						
				la, if prior to registration) S., to determine penalty liability)		
7	13 90 N.	Dykoc Rd	. <u>Wezne</u> (Principal offic	ce address)		
			(· · · · · · · · · · · · · · · · · · ·	,	<u> </u>	
			(Current mailing addre	ess, if different)	2719 HAR	
					MAR AHI	<u> </u>
8. N	ame and <u>street addr</u>	ress of Florida register	red agent: (P.O. Box	NOT acceptable)	20 AU ASSE	
	Name:	- Carmanali	, in Circle		T - T	[7
Offic	e Address:	Corporation	on System			C
	∤ 1 <i>2</i> 0	0 S. Pine is	land Road		: 5 2	
	- F	0 S. Pine Is Plantation _{;√} F	L 33324	(Zip code)	> 13	
	egistered agent's a					
lesig furth	nated in this applic er agree to comply	cotion, I heroby accep with the provisions o	ot the appoi <mark>ntment</mark> as of all statutes relative	rocess for the above stated c s registered agent and agree to to the proper and complete p	to act in this capacity.	1
lutie	s, and I am familia	it with and accept the	obligations of my pe	osition as registered agent.		
			Peter F. So Assistant Sec	_		
			(Registered agent's		-	

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:

A. DIRECTO	ORS	
Chairman:	्र	
	**	
		_
Vice Chairman	;	
Address:		
Director:		
Disease		
Address:		
B. OFFICE	· ·	25 2
President:	Dwight K. Tew	S. O M
	1101 Spring St	
	Waynesboro Mo 39861	——————————————————————————————————————
		, , , , , , , , , , , , , , , , , , ,
Address:		
Secretary:		
_	_	
Treasurer:		11 00 201125
Address:	5 Justin Adam Dr. El	lisoille 1915 9 198
NOTE: If nec	cessary, you may attach an addendum to the application listing addit	ional officers and/or directors.
12	They Tres	
The officer or	Signature of Director or Officer director signing this document (and who is listed in number 11 abov	ve) affirms that the facts stated herein
are true and th	at he or she is aware that false information submitted in a document	
a third degree	felony as provided for in s.817.155, F.S.	
13	Scott TTen Tres	-P
	(Typed or printed name and capacity of person signing ap	plication)



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State

Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to befiled in my office, do hereby certify:

That on the 26th day of September, 1989, the State of Mississippi issued a Charter/Certificate of Authority to:

UNION OILFIELD SUPPLY, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

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.

That insofar as the records of this office are concerned, the said UNION OILFIELD SUPPLY, INC. is in good standing at this time.

Given under my hand and seal of office the 6th day of February, 2019

C. Delbert Hosemann, Jr.

Secretary of State

Certificate Number: CN19062453

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx