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	questor's Name)	
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(Cit	ry/State/Zip/Phone #	f)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	•)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
	500 500	
Special Instructions to	Filing Officer:	
•		

Office Use Only



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COVER LETTER

	O: Registration Section Division of Corporations					
SUBJE	CT·	ALLSTATE DIRECTION	AL DRILLING.	INC.		
30031		Nam	e of corporation	n - must include suffix		
Dear Sir	r or M	adam:				
"Certific	cate of	"Application by Foreign Existence," or "Certificated foreign corporation to	ite of Good Stai	nding" and check are sub	ct Business in Florida," omitted to register the	
Please r	eturn a	all correspondence conce	rning this matte	er to the following:		
Mark Ba	izen					
			Name of	Person		
ALLST	ATE D	RECTIONAL DRILLING	INC.			
		•	Firm/Cor	npany		
1971 EA	AST BE	ELTLINE AVE				
	·		Addi	ress		
GRAND	RAPI	DS, MI 49525				
			City/State	and Zip code	****	
ALLST	ATEDI	DIOFFICE@GMAIL.COM				
		E-mail addr	ess: (to be used	for future annual report	notification)	
For furt	her int	formation concerning this	matter, please	call:		
TAYLO	R BR/	ADLEY	at (901-1114		
	Nam	e of Person	Area Coo	de Daytime Teler	ohone Number	
	Regis Divis The C 2415	EET/COURIER ADDRI tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Forporations 17	
Enclose Please n □ \$70.	iake ch	-	DEPARTMEN	T OF STATE ☐ \$78.75 Filing Fee & 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.

Allstate Direction	-		
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting bu	isiness in Florida)
Michigan	3		
(State or countr	(State or country under the law of which it is incorporated) (FEI number, if applicable)		able)
December 29, 2	005 5.		
(Date	of incorporation) 5.	(Date of duration, if other than	perpetual)
	<u></u>		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501	Plorida, if prior to registration)	
	, = = =	2, r.s., to determine penalty habitity;	
4847 Kamuree St.	Cir. E. Bradenton, FL 34203	street address)	
1071 Cost Dahlin	(Frincipal Official Ave. Grand Rapids, MI 49525	s street address)	
		address, if different)	
	(Curem manna	marcas, ir sarrotany	707
Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	.uz-rE8
. Hame and <u>sace</u>	Mark Bazen	<u> </u>	-
Name:	Mark (vazet)		ယ
ffice Address:	4847 Raintree St Cir E		11. 11.
	Bradenton (City)	34203	ر: ج:
	(City)	, Florida (Zip code)	45
	(Oity)	(1.71)	

(Registered agent's signature)

ificate of existence duly authenticated, not more than 90 days prior to delivery of this

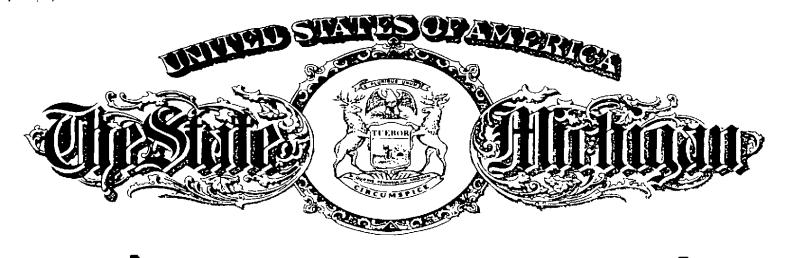
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

and I am familiar with and accept the obligations of my position as registered agent.

A. DIRECTORS Name: Mark Bazen □Chairman □ Chairman Name: _____ 1971 East Beltline Ave □ Vice Chairman Address: □ Vice Chairman Address: Grand Rapids, MI Director □ Director 49525 President □ President □Vice President □Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other _____ □Other ____ ☐Other _____ □Other □ Chairman Name: _____ □ Chairman Name: _____ □Vice Chairman Address: _____ ☐ Vice Chairman Address: □ Director □ Director □President □President □Vice President _____ ☐ Vice President □ Secretary □Treasurer ☐ Secretary ☐Treasurer □Other _____ □Other _ □Other ___ □Chairman Name: ☐ Chairman Name: _____ □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □President □ President □Vice President ___ □Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other _____ ☐ Other _____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to he older when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer

The officer or director signing this document (and who is fisted in number 11 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.

Mark Bazen, President



Lansing, Michigan

Department of Licensing and Regulatory Affairs

This is to Certify That

ALLSTATE DIRECTIONAL DRILLING, INC.

was validly incorporated on January 1. 2006 as a Michigan DOMESTIC 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 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.

TO REGULATORY AND REG

Sent by electronic transmission

Certificate Number: 24020168409

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 7th day of February, 2024.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau