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	(Re	equestor's Name)	
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PICK-U	Р	☐ WAIT	MAIL
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Certified Copies		_ Certificate	s of Status
Special Instructions	s to	Filing Officer:	
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Office Use Only

COVER LETTER

TO:	Registration Sectorial Division of Corp					
SURI	ECT:	JAV Dri	illing Solutio	ns Inc.		
.90199		Name of	corporation	- must	include suffix	-
Dear S	Sir or Madam:					
"Certi	ficate of Existence.		Good Stan	ding" ar	nd check are sub	ct Business in Florida." omitted to register the
Please	return all correspo	ndence concerning	this matter	to the f	ollowing:	
		Lynnel	V. Ramehari	tar		
			Name of I	Person		
		JAV Drillin	ng Solutions	Inc		
			Firm/Com	pany		
		18062 FM	i 529 Ste 1-	44		
			Addre	\$8		
		Cypre	ss. Texas 7	7433		
		(City/State ar	nd Zip c	ode	***
			'AUGHNR@	_		
		E-mail address: (to be used f	or futur	e annual report i	notification)
For fu	rther information c	oncerning this mat	ter, please c	all:		
Lynne	l V Rameharitar	at	832)	439-5160	
	Name of Person		Area Code	-'	Daytime Telep	hone Number
	Registration Sectorial Division of Corporate The Centre of Ta	orations Illahassee Street, Suite 810			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
Please		ne following amounto: FLORIDA DEP S78.75 Filing I Certificate of S	ARTMENT	i \$78.75	ATE 5 Filing Fee & ied Copy	S87.50 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.

Name: Marlon Edwards 2620 SW Cameo Blvd	f name unavailal	ole in Florida, enter alternate corporate name ad	opted for the purpose of transac	ting business in Florida)		
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 18062 FM 529 Ste 144. Cypress, Tx 77433 (Principal office street address) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marlon Edwards 2620 SW Cameo Blvd	Texas	3.				
(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 18062 FM 529 Ste 144. Cypress, Tx 77433 (Principal office street address) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marlon Edwards (Current mailing address)	State or country	under the law of which it is incorporated)	(FEI number, if applicable)			
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 18062 FM 529 Stc 144. Cypress, Tx 77433 (Principal office street address) 18062 FM 529 Stc 144. Cypress, Tx 77433 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marlon Edwards 2620 SW Cameo Blvd		5				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 18062 FM 529 Ste 144. Cypress, Tx 77433 (Principal office street address) 18062 FM 529 Ste 144. Cypress, Tx 77433 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marlon Edwards 2620 SW Cameo Blvd	(Date o	of incorporation)	(Date of duration, if other than perpetual)			
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 18062 FM 529 Ste 144. Cypress, Tx 77433 (Principal office street address) 18062 FM 529 Ste 144. Cypress, Tx 77433 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marlon Edwards 2620 SW Cameo Blvd	12/12/2022					
(Principal office street address) 18062 FM 529 Ste 144. Cypress, Tx 77433 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marlon Edwards 2620 SW Cameo Blvd				bility)		
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Marlon Edwards 2620 SW Cameo Blvd	18062 FM 529	Ste 144. Cypress, Tx 77433				
Name: Marlon Edwards 2620 SW Cameo Blvd Marlon Edwards		(Current mailing	address, if different)			
Name: Marlon Edwards 2620 SW Cameo Blvd				9		
Name: Marlon Edwards Fig. 2620 SW Cameo Blvd SW Cameo Blvd	ame and street	address of Florida registered agent: (P.O.	Box NOT acceptable)	20		
ffice Address: 2620 SW Cameo Blvd	Name:	Marlon Edwards		74 H.		
The Address.	co Addross:	2620 SW Cameo Blvd		*** **********************************		
Port St Lucie Florida 34953	THE THEIR	Port St Lucie	Florida 34953	1 PH 7:4		
(City) (Zip code)		(City)				
Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation of			C			

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.

(Registered agent's signature)

A. DIRECTORS Name: ____ Lynnel V. Ramcharitar □Chairman Name: ______ □ Chairman 18062 FM 529 Ste 144 Address: □Vice Chairman □ Vice Chairman Address: ______ Cypress, Tx 77433 ■ Director □ Director □President President □ Vice President □ Vice President _____ □Treasurer □Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Name: ______ □ Chairman □ Chairman Name: ____ □Vice Chairman Address: □ Vice Chairman Address: □Director □ Director □President □President □Vice President □ Vice President □Treasurer □ Secretary ☐ Treasurer □ Secretary □Other ______ □Other _____ □Other _____ □Other _____ □Chairman □Chairman Name: _____ □Vice Chairman Address: □Vice Chairman Address: ☐ Director □Director President President □Vice President _ ☐ Vice President □Treasurer □ Secretary ☐Treasurer □ Secretary □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 the index whon filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed 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.

Lynnel V. Ramcharitar (Director)

13.

Corporations Section . . P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for JAV Drilling Solutions, Inc (file number 801352559), a Domestic For-Profit Corporation, was filed in this office on December 08, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 04, 2024.



gave Helson

Jane Nelson Secretary of State