

F98000001182

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Wade Services, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

W98-3431

000002431640--8  
-02/16/98-01090-007  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Gaylor Wade  
(Name of Person)

Wade's Frac Tanks, Inc.  
(Firm/Company)

P.O. Drawer 399  
(Address)

Ellisville, MS 39437  
(City/State/Zip)

3/2  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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Should you need to call someone concerning this matter, please call:

Gaylor Wade at ( 601 ) 477-3205  
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Mortham  
Secretary of State

February 16, 1998

GAYLOR WADE  
WADE'S FRAC TANKS INC.  
PO DRAWER 399  
ELLISVILLE, MS 39437

SUBJECT: WADE SERVICES, INC.  
Ref. Number: W98000003431

We have received your document for WADE SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, 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) 487-6093.

Freta Lott  
Corporate Specialist Supervisor

Letter Number: 798A00008828

**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. Wade Services, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or  
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a  
natural person or partnership if not so contained in the name at present.)

2. Mississippi 3. 64-08-10818-  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Jan 1992 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or  
"perpetual")

6. Jan 98  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. P.O. Drawer 399  
Ellisville, MS 39437  
(Current mailing address)

8. Rental of Mobil storage tanks  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT  
acceptable)

Name: Lisa Keteltas

Office Address: 5006 State Rd 54

New Port Richey, Florida, 34653  
(Zip Code)

**10. 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.

Lisa Keteltas  
(Registered agent's signature)

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.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O . Box NOT acceptable)

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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SOCIETALY U...  
TALLAHASSEE, FLORIDA

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B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Sidney Allen Wade

Address: 1178 Tuckers Crossing Rd  
Ellisville, MS 39437

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Gaylor Wade

Address: 1178 Tucker's Crossing Rd  
Ellisville, MS 39437

Treasurer: Gaylor Wade

Address: 1178 Tucker's Crossing Rd  
Ellisville, MS 39437

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Gaylor Wade  
(Signature) of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Gaylor Wade, Sec./Treas  
(Typed or printed name and capacity of person signing application)

# State of Mississippi

Secretary of State's Office

Eric Clark

Secretary of State  
Jackson, Mississippi

## CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on December 27, 1991 the state of Mississippi issued a Charter/Certificate of Authority to:

WADE SERVICES, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

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.

FILED  
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SECRETARY OF STATE  
JACKSON, MISSISSIPPI



Given under my hand  
and seal of office  
February 23, 1998

*Eric Clark*

ERIC CLARK,  
Secretary of State