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FILE J 2009 JUN 29 PH 1: 28 SECRETARY OF STATE SECRETARY F FLORIDA

T. CLINE
JUN 3 0 2009
EXAMINE

COVER LETTER

	ration Section on of Corporations				
SUBJECT:	BOOTS SMITH OILFIEL (Name of	Limited Liability Company)			
Florida," Cert		Liability Company for Authorization to Tra re submitted to register the above referenced la			
Please return	all correspondence concerning th	is matter to the following:			
	MARY SANFORD				
	- **	(Name of Person)			
	BOOTS SMITH OI	LFIELD SERVICES, LLC			
		(Firm/Company)			
	P.O.DRAWER 1	987	SECR	الـ 2009	
(Address)		TARY	2009 JUN 29 PM	E-Mark	
	LAUREL, MS 39441				\$ 6.2 \$ 6.3
For further in	(City formation concerning this matter,	y/State and Zip Code) , please call:	ORIDA	1: 28	المد بهده
	MARY SANFORD (Name of Person)	at (<u>601</u>) <u>649–1220</u> (Area Code & Daytime Telephone ?	—— Numbe	r)	
Divisi P.O. B Tallah	AING ADDRESS: on of Corporations fox 6327 assee, FL 32314 check for the following amount:	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	.00 Filing Fee \$130.00 Filing Fe		g Fee, Co atus & C		

· APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BOOTS SMITH OILFIELD SERVICES, LLC (Name of Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alternate Company," "L.L.C.," "LLC.")	
MISSISSIPPI (Jurisdiction under the law of which foreign limited liability company is organized) 3.	81–0633258 (FEI number, if applicable)
4. <u>8/12/03</u> 5. (Date of Organization)	12/31/2102 (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Floric (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) determine penalty liability)
7. 2501 AIRPORT DRIVE	2009 SEC TALL
8. If limited liability company is a manager-managed co	Principal Office) ARE JULY 29 pmpany, check here SSN 29
9. The name and usual business addresses of the manag	ing members or managers are as follows:
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submitted.)	not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or pr	,
Signature of a member or an author (In accordance with section 608.408(3), F.S., an affirmation under the penaltics of perjury ASON W. SMITH Typed or printed na	orized representative of a member. the execution of this document constitutes that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability C	Company is:		
BOOTS	SMITH OILFIELD SERVI	ICES, LLC		
If name unav	railable, the alternate name	e to be used in the state of Florida is:		
2. The name	and the Florida street add	ress of the registered agent and office are:	2009 JUN SECRETA	
	Corporation Service	e Company	E AR	1:1:
		(Name)	<i>ω</i> ≝ Ν	r-marker Laberton
	1201 Hays Street		9 PM RY OF SEE, F	
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	FLO FLO	()
	Tallahassee	FL 32301	28 ATE RIDA	
		City/State/Zip		•
liability comp agent and ago relating to the obligations of	oany at the place designated ree to act in this capacity. It e proper and complete perfi	and to accept service of process for the above d in this certificate, I hereby accept the appoint I further agree to comply with the provisions of formance of my duties, and I am familiar with agent as provided for in Chapter 608, Florida	tment as registered of all statutes and accept the	

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

Certificate of Status (optional)

5.00

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

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 Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

BOOTS SMITH OILFIELD SERVICES, LLC

Formed August 12, 2003

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

2501 AIRPORT DRIVE P.O. BOX 1987 LAUREL MS 39441

and that the registered agent at that address is:

SMITH, JASON W.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand and seal of office January 14, 2009

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 10769501-1 Page 1 of 1 Reference: Verify this certificate online at https://secure.sos.state.ms.us/busserv/corp/soskb/verify.asp