17000002692

(Re	questor's Name)	
·	•	
(Ad	dress)	
(Ad	dress)	
(0)	104-4-17' - 1Dl	- 40
(Cit	y/State/Zip/Phon	е #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
(50	edinent (valliber)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100297216841

03/29/17--01016--001 **125.00

IT

K. SALY MAR 3 0 2017

SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date:

Name:	ECT Drilling
Document #:	
Order #:	Patricia Paranet
Certified Copy of Arts & Amend:	
Plain Copy: Certificate of Good Standing:	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
CC/ tirication.	ivaliber of certs.
Filing:	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier Ref#	Amount: \$ 125.00

Thank you!

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

Registered agent's acceptance: Having been named a special registered agent and to accept he obligations of all statutes relative to the proper and complete performance of my duties, and I am Januillar with and accept the obligations of a special special relative to the proper and complete performance of my duties, and I am Januillar with and accept the obligations of which it is organized. Planting of the proper and agents of the proper and complete performance of my duties, and I am Januillar with and accept the obligations of which it is organized. Planting of the proper and complete performance of my duties, and I am Januillar with and accept the obligations of my societies, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the fertificate from a special from the Signature of an application of the certificate under oath of the translation of the certificate on the Department of State constitutes a third degree follows provided for in a \$47.75.5 ft.5.	IN COMPLIANCE WITH SECTION 605.0902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMIT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	TTED LIABILITY
Ill name unavailable, enter alternatic name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.L.C." Company, "L.L.C." or "L.C." or "L.C."		
Libability Company, "L.C." or "L.C.") 2	(Name of Foreign Limited Hability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	Agg_broadran
2. Del aus after la description in the district inassected business in Florida, if prior to registration.) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.9905, F.S. to determine penalty liability) 5. /306 N FM 3083 RD Connec Tx 77303 (Street Address of Fincipal Office) 6. /306 N FM 3093 RD Connec Tx 77303 (Mailing Address) 7. Name and Street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Plantation (City) (City)	(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include	"Limited
4. No. (Date first transacted buriness in Florida, if prior to registration.) (See sections 603.0904 & 603.0905, F.S. to determine penalty liability) 5. 1306 N FM 3083 RD CDANCE TX 77303 (Street Address of Fince) 6. 1306 N FM 3083 RD Connect TX 77303 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stand limited liability company 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 complywith 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. NEAL Service Inc. Particle R Afins o (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who hawhave authority to manage is/are: Marcelo R Afins o (Registered agent's signature) 9. Attached is a certificate of existence, no more than 90 day old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the persificate form a figurity language, a translation of the certificate under oath of the translator must be submitted) Signature of an adultrized person This document is executed in accordance with section 609.02001(1) (b), Florida Statutes, I am aware that any false information	Liability Company," "L.L.C," or "L.L.C.") 900937117	
(City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complying 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. Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Marcelo R A fusso	2. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	v11
(See sections 603.0904 & 603.0903, F.S. to determine penalty liability) 5. 1306 N FM 3083 RD CDN PR 77303 (Street Address of Principal Office) 6. 1306 N FM 3083 RD Connect TX 77303 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation Florida 33324 (City) (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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. By: NRAI Services, Inc. Patricia A. Boverie, Asst Secy (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Marcelo R Afonso FO 1433 Rt 34 5 Farming lack NJ 07227 9. Attucked is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the pertificate with a fixed propose a translation of the certificate under oath of the translator must be submitted) Signature of an adjusticized person This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any folse information	company is organized)	
S. 1306 N FM 3083 RD Connec Tx 77303 (Street Address of Frincipal Office) 6. 1306 N FM 3083 RD Connec Tx 77303 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1200 South Pine Island Road Plantation Plantation (City) (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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. NRAI Services, Inc. Patricia A. Boverie, Asst Secy (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Marcilo R Afonso CFO 1433 Rt 34 5 Farming late NJ 07227 9. Attached is a certificate of existence, no more than 90 days old, duly guthenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate win a fuzzion language, a translation of the certificate under oath of the translator must be submitted) Signature of an adjusticate person This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any folse information	(Date first transacted business in Florida, if prior to registration.) (See regions 603 0904 & 603 0905 F.S. to determine negative liability)	
(City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complyability 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. Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: Marketo R A fanso CFO 1433 Rt 34 5 Farming Lol DS 07227 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the sertificate twin a figure language, a translation of the certificate under onth of the translator must be submitted) Signature of an pulporized person This document is executed in accordance with section 605,0209(1) (b), Florida Statutes. I am sware that any false information		د
(Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation Florida 33324 (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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. NRAI Services Inc. Patricia A. Boverie, Asst Secy Registered agent's signature 8. The name, title or capacity and address of the person(s) who hest/have authority to manage is/are: Marcelo R Afanso CFO 1433 Rf 34 5 Farming Roll US 07227 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the retrificate is in a figuriary language, a translation of the certificate under oath of the translator must be submitted) Signature of an adjustrized person This document is executed in accordance with section 695,0203(1) (b), Florida Statutes, I am aware that any false information		
(Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation Florida 33324 (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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. NRAI Services Inc. Patricia A. Boverie, Asst Secy Registered agent's signature 8. The name, title or capacity and address of the person(s) who hest/have authority to manage is/are: Marcelo R Afanso CFO 1433 Rf 34 5 Farming Roll US 07227 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the retrificate is in a figuriary language, a translation of the certificate under oath of the translator must be submitted) Signature of an adjustrized person This document is executed in accordance with section 695,0203(1) (b), Florida Statutes, I am aware that any false information	(Street Address of Principal Office)	
(Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation Florida 33324 (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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. NRAI Services Inc. Patricia A. Boverie, Asst Secy (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Marcelo R Afanso CFO 1433 Rf 34 5	6. 1306 N FM 3083 Rd	29
Name: NRAI Services, Inc. NRAI Services, Inc. Office Address: 1200 South Pine Island Road	Lonrae TX 77303	
Name: Office Address: 1200 South Pine Island Road Plantation Plantation Plantation (City) (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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. NRAI Services Inc. Patricia A. Boverie, Asst Secy (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Marcho RAFMS o CFO 1433 R4 34 5 Farming all NS 07727 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the pertificate fy in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605,0203(1) (b), Florida Statutes. I am aware that any false information	(Mailing Address)	デ <u>す</u> し
Name: Office Address: 1200 South Pine Island Road Plantation Plantation Plantation (City) (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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. NRAI Services Inc. Patricia A. Boverie, Asst Secy (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Marcho RAFMS o CFO 1433 R4 34 5 Farming all NS 07727 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the pertificate fy in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605,0203(1) (b), Florida Statutes. I am aware that any false information	7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	हेट्ट इ.स. ७
Plantation (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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. NRAI Services Inc. Patricia A. Boverie, Asst Secy (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Marcelo R Afonso (FO) 1433 Rt 34 5 Farming Raile WS 07727 9. Attached is a certificate of existence, no more than 90 days old, duly suthenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the tertificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an suthorized person This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information	Name: NRAI Services, Inc.	5 °
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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. NRAI Services Inc. By: Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Marcelo R Afonso CFO 1432 Rt 34 5 Farming Lale WS 07727 9. Attached is a certificate of existence, no more than 90 days old, duly suthenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information	Office Address: 1200 South Pine Island Road	
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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. NRAI Services Inc. Patricia A. Boverie, Asst Secy (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Marcelo R Afms o CFO 1433 Rt 34 5 Farming late WJ 07727 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the renificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any false information	Plantation Florida 33324	
Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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. NRAI Services Inc. By: Patricia A. Boverie, Asst Secy (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Marcho R Aforso Farming Lale DJ 07227 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the rentificate form a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an adiaborized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information	(City) (Zip code)	
Marcelo R Afonso 1433 Rt 34 5 Farming Rale WJ 07727 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information	Having been named as registered agent and to accept service of process for the above stated limited liability company designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. It to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am fa accept the obligations of my position as registered agent. NRAI Services Inc. Patricia A. Boverie, Asst S	further agree miliar with and
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the pertificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information	Marcelo R Afonso CFO	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the pertificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information	1432 Rt 34 5	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the retrificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information	Farminglale NJ 07727	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information	9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recjurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate	cords in the e under oath
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.	Signature of an authorized person	
	This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information and advanced to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	ation
Typed or printed name of signer		

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ECI DRILLING INTERNATIONAL, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ECI DRILLING INTERNATIONAL, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





Authentication: 202280721

Date: 03-28-17

5277921 8300 SR# 20172077939