Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CCRPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company Legend Directional Services, LLC

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COVER LETTER

SUBJECT: Legend Dire	ctional Services, LLC		
	Name of	Limited Liability Compan	У
The enclosed "Application by For Existence, and check are submit	oreign Limited Liability Comp ted to register the above refer	pany for Authorization to enced foreign limited liabi	Transact Business in Florida," Certificate of Hity company to transact business in Florida
Please return all correspondence	concerning this matter to the	following:	
Charles F. D.	owling, Chief Financial Office	<u>Cer</u>	
	N	aune of Person	
Legend Dir	ectional Services, LLC		
Tabanga (n.) / m m m m manada manada (n.) / m m m	F	irm/Company	
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12340 Qui	man Meridian Hwy.	Address	
		71401033	
Meridian, N	AS 39301		·
***	City/S	tate and Zip Code	
cdowline@	progpl.com		
	E-mail address: (to be use	d for future annual report	notification)
For further information concern	ing this matter, please call:		
Hobach I Oneire	Ear	at (713)	658-2544
Haberb I. Gnaim Name	of Contact Person		Daytime Telephone Number .
MAILING ADDRESS			ET ADDRESS:
Division of Corporation Registration Section	ns		on of Curporations ration Section
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle Tallabassee, FL 32301	
Enclosed is a check for the follo	wing amount:	•	& □\$160.00 Filing Fee, Certificate
	□ \$130.00 Filing Fee &	□ \$155.00 Filing Fee &	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA: Legend Directional Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. Upon Qualification. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5, 12340 Quinnan Meridian Hwy., Meridian, MS 39301 (Street Address of Principal Office) Same (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: ____, Florida <u>333</u>24 Plantation 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. C T Corporation System (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Michael W. Castle, Jr., Manager, 12340 Quitman Meridian Hwy., Meridian, MS 39301 Jason D. Castle, Manager, 12340 Quitman Meridian Hwy., Meridian, MS 39301 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Charles F. Dowling, Chief Financial Officer

Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "LEGEND DIRECTIONAL SERVICES, 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 SEVENTH DAY OF APRIL, A.D. 2017.

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

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6365233 8300 SR# 20172355680

You may verify this certificate online at corp.delaware.gov/authver.shtml

Justicey IV. Pluridoce, Secretary of State

Authentication: 202343126

Date: 04-07-17