M18000008950

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP		
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
W18000085	012	
_	Office Use Only	



09/21/18--01021--011 **125.00







MARK M. HOSEMANN

E-mail: mhosemann@brunini.com Direct: 601.973.8732

The Pinnacle Building, Suite 100 190 East Capitol Street Jackson, Mississippi 39201 Telephone: 601.948.3101

Post Office Drawer 119 Jackson, Mississippi 39205

Facsimile: 601,960 6902

September 26, 2018

Via Federal Express

Florida Department of State Division of Corporations - Registration Section **Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

Re: RAPAD Drilling Company LLC Foreign Registration

Dear Sir or Madam:

In response to your letter dated September 22, 2018, enclosed please find application for foreign registration of RAPAD Drilling Company LLC, complete with the counterpart signature of the registered agent of RAPAD Drilling Company LLC accepting the designation as registered agent in the State of Florida. When I spoke to your office representative, they indicated that counterpart signatures would be accepted. If you need any additional information or materials from us with respect to this matter, please do not hesitate to contact me. Thank you so much for your assistance with this matter.

Sincerely,

Brunini, Grantham, Grower & Hewes, FI

Mark M. Hosemann

Enclosure



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2018

MELANIE ALLEN BRUNINI, GRANTHAM, GROWER & HEWES, PLLC P.O. DRAWER 119 JACKSON, MS 39205

SUBJECT: RAPAD DRILLING COMPANY LLC Ref. Number: W18000085012

We have received your document for RAPAD DRILLING COMPANY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 418A00019846

SEP AH 11: 36 T

www.sunbiz.org

COVER LETTER

TO: Registration Section **Division of Corporations**

RAPAD Drilling Company LLC

SUBJECT: _____

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

	Melanie Allen							
		N	ame of Person					
-	Brunini, Grant	ham, Grower & Hewes. PLL	.C					
		F	irm/Company		-			
	P.O. Drawer 1	19						
			Address		, <u></u> ,			
	Jackson, MS	9205				TALL.	2018	
		City/S	tate and Zip Code			11 11 11 11 11 11 11 11 11 11 11 11 11	SEP	i i
	skynerd@pruet.e	com				SSE	24	-
		E-mail address: (to be used	d for future annua	report no	tification)	- 1'1	AM	
For further info	rmation concernin	g this matter, please call:					11: 3	ртан 1
Melar	ie Allen		601 at (973-87)	38		ത	
	Name o	of Contact Person	Area Code	Day	time Telephone Nur	ıber		
Divisi Regist P.O. F	<u>ING ADDRESS</u> on of Corporation ration Section Box 6327			Division	<u>CADDRESS:</u> of Corporations ion Section Building			
Tallah	assee, FL 32314				ecutive Center Circle see, FL 32301			
	heck for the follow 25.00 Filing Fee	/ing amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing F of Status & Certifie			1

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS **IN FLORIDA** , 1

	SINESS IN THE STATE OF FLORIDA:	FOLLOWII	IG IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY
	Limited Liability Company; must include "Limit	ted Liability	Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate na	ame adopted for the purpose of transacting business in Fl	londa The al	ernate name must include "Limited Liability Company," "L.I. C," or "LI.C.")
2. Mississippi		3.	83-1834951
(Jurisdiction under the law of wh	uch foreign limited liability company is organized)		(FEI number, if applicable)
4.			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to deterr	o registration mine penalty) iability)
5 217 West Capitol Stree	et	6	217 West Capitol Street
(Street Address of Principal Office)		(Mailing Address)	
Jackson, MS 39201			Jackson, MS 39201
<u> </u>	·		
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	cceptable)
Name:	CT Corporation System	. <u></u>	
Office Address:	1200 South Pine Island Road		
	Plantation		Florida <u>33324</u>
Registered agent's accept			(Zip code)
designated in this application to comply with the provisi	tion, I hereby accept the appointment	as registe	for the above stated limited liability company at the place red agent and agree to act in this capacity. I further agree nplete performance of my duties, and I am familiar with

	(Registered agent	's signature)		
8. The name, title or capacity	and address of the person(s) who	has/have authority to manage is/are:		
Title or Capacity:	Name and Address:	<u>Title or Capacity:</u>	Name and Address:	
Manager	William R. James		S #	-
	217 West Capitol	,		
	Jackson, MS 39201		N	
				1
				111
				<u> </u>
(Use attachments if necessary)			107 36	

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)

10. 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.

www	\sim
	Signature of an authorized person

William R. James, Manager

Typed or printed name of signee

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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 RAPAD Drilling Company LLC

name unavailable, enter alternate na	me adopted for the purpose of transacting business in Floric	la. The a	ternate name must include "Limited Liabi	ility Company," "L.L.C," or "Li
Mississippi			83-1834951	
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)	э.	(FEI numbe	er, if applicable)
·	(Date first transacted business in Florida, if prior to re	gistration	• • • • • • • • • • • • • • • • • • •	
217 West Capital Stray	(See sections 605 0904 & 605 0905, F.S. to determine		•	
217 West Capitol Stree	l	6.	217 West Capitol Street (Mailing Addre	
Jackson, MS 39201	incipia Ornee)		Jackson, MS 39201	(35)
·			- <u>-</u>	
Name and street address	s of Florida registered agent: (P.O. Box	<u>NOT</u> :	(cceptable)	
Name:	CT Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation		, Florida <u>33324</u> (Zip code	
	(City)		(Zip code)
esignated in this applicat comply with the provision	eistered agent and to accept service of pr ion, I hereby accept the appointment as ons of all statutes relative to the proper a of my position as registered agentam <u>face M. Hoje</u> Ass (Registered agent's sig	registi ind co IES	ered agent and agree to act i mplete performance of my d M. Halpin	n this capacity. I fur luties, and I am famil
The name title or cana	city and address of the person(s) who has	/haua	authority to manage islary:	
<u>Title or Capacity:</u>	Name and Address:		itle or Capacity:	Name and Addes
Manager	William R. James	_		S S
				ff
	217 West Capitol			<u> </u>

(Use attachments if necessary)

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)

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Signature of an authorized person

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<u>é</u>ü

William R. James

Typed or printed name of signee

DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

, 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:

RAPAD DRILLING COMPANY LLC

Registered the 6th day of September, 2018

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:

217 West Capitol Street Jackson, MS 39201

And that the registered agent at that address is:

William R. James

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 the 10th day of September, 2018

Nosemann, 1.

C. DELBERT HOSEMANN, JR. Secretary of State

Certificate Number: CN18056701 Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx