

N2000000128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

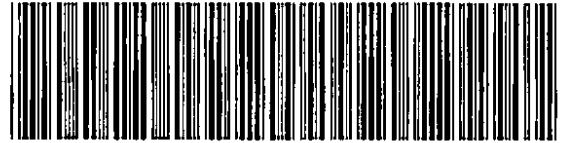
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

N200000082484

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2020 AUG 13 PM 2:28  
TALLAHASSEE, FLORIDA

YS  
8/20/20 ✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2020

KYLE DALTON  
856 MIDWAY RD S.  
INEZ, TX

SUBJECT: SPECIALIZED OILFIELD SERVICES, LLC  
Ref. Number: W20000082484

We have received your document for SPECIALIZED OILFIELD SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, 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) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 520A00014340

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AUG 18 2020

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SPECIALIZED OILFIELD SERVICES, LLC**

\_\_\_\_\_  
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:

KYLE DALTON

\_\_\_\_\_  
Name of Person

SPECIALIZED OILFIELD SERVICES, LLC

\_\_\_\_\_  
Firm/Company

856 MIDWAY RD S

\_\_\_\_\_  
Address

INEZ, TX, 77968

\_\_\_\_\_  
City/State and Zip Code

dalton\_kyle@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KYLE DALTON

361

935-6774

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

2020 AUG 18 PM 2:28  
STATE  
TALLAHASSEE, FLORIDA

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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. SPECIALIZED OILFIELD SERVICES, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

NONE

(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.")

2. TX

(Jurisdiction under the law of which foreign limited liability company is organized)

3. S2-4709997

(FEI number, if applicable)

4. AUGUST 1, 2020

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 18791 SW MATTHEW WOOD RD

(Street Address of Principal Office)

6. 856 MIDWAY RD

(Mailing Address)

BLOUNTSTOWN, FLORIDA 32424

INEZ, TX 77968

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2020 AUG 18 PM 2:28  
TALLAHASSEE, FLORIDA  
STATE

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

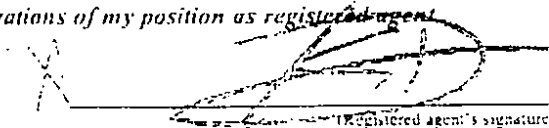
Name: KYLE DALTON

Office Address: 18791 SW MATTHEW WOOD RD

BLOUNTSTOWN 32424  
(City) Florida (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 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.

  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: KYLE DALTON	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 856 MIDWAY RD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	INEZ, TX 77968	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 CLERK OF DISTRICT COURT  
 ALABAMA  
 STATE OF ALABAMA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

\_\_\_\_\_  
 Signature of an authorized person

Kyle Dalton  
 \_\_\_\_\_  
 Typed or printed name of signer



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SPECIALIZED OILFIELD SERVICES, LLC (file number 802951270), a Domestic Limited Liability Company (LLC), was filed in this office on March 02, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name, officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 12, 2020.

2020 AUG 18 4:22:28  
TELEPHONE ROOM  
STATE OF TEXAS



A handwritten signature in black ink, appearing to read "Ruth R. Hughes".

Ruth R. Hughes  
Secretary of State