# Pleiman & Company, P.A. Certified Public Accountants

Thomas C. Pleiman, Jr., C.P.A. Bettie K. Paylor, C.P.A.

9471 Baymeadows Road, Suite 308 Jacksonville, FL 32256-7936 Phone: (904) 448-5005 Fax: (904) 448-9354



Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314

Dear Ms. Rolfe:

Enclosed is application for Ace Directional Drilling once this has been incorporated could you please let us know. Thank you for your time.

Sincerely,

Pleiman & Company

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AUTHORIZATION BY PHONE TO

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SECRETARY OF STATE

### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

### ARTICLE I NAME

The name of the corporation shall be Ace Directional Drilling, Inc.



## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 5945 St. Augustine Road
Jacksonville, FL 32207

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 (One Hundred)

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

OPleiman & Co. PA Thomas C. Pleiman Jr. CPA

9471 Baymeadows Road Ste 308

Jacksonville, FL 32256

#### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Pleiman & Co. PA Thomas C. Pleiman, Jr. CPA 9471 Baymeadows Road Suite 308 Jacksonville, FL 32256

Signature/Incorporator

5/00

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date