

PA2000078483
TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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-07/18/02--01051--018
*****78.75 *****78.75

SUBJECT:

LAYNE SERVICES, INC.

(proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☒ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Mr. Jeffrey, R. Miner, Esq.
CROUCH & MINER, P.A.
1001 North Federal Highway, Suite 303
Hallandale Beach, FL 33009
954/454-8011 / Facsimile: 954/454-8012

FILED
02 JUL 18 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one (1) copy of the Articles of Incorporation

8/7/19

**ARTICLES OF INCORPORATION
OF
LAYNE SERVICES, INC.**

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:
LAYNE SERVICES, INC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
3921 S.W. 47th AVENUE, SUITE 1003, DAVIE, FL 33314

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to
have outstanding at any given time is:
ONE HUNDRED (100) SHARES OF NO-PAR VALUE STOCK

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent are:
MICHAEL T. LAYNE
3921 S.W. 47th AVENUE, SUITE 1003, DAVIE, FL 33314

ARTICLE V

INCORPORATOR

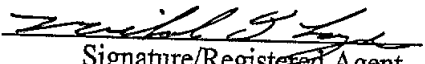
The name and address of the incorporator to these Articles of Incorporation are:
MICHAEL T. LAYNE

3921 S.W. 47th AVENUE, SUITE 1003, DAVIE, FL 33314


Signature/Incorporator
MICHAEL T. LAYNE


Date

Having been named as registered agent and to accept service of process for the above named 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
MICHAEL T. LAYNE


Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA