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TRANSMITTAL LETTER

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

SUBJECT:	entified Drill	ING Savice	Inc. 103.50000	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
Q \$70.00	Q \$78.75	\$78.75	387.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Carifficate of	
		· I	Status	

ADDITIONAL COPY REQUIRED

FROM:	Robut Lyons Name (Printed or typed)
	Name (Printed or typed)
	2901 W. Busch Blod #500
	CHARACO
_	TAMBA, Fla: 33618
	V / City, State & Zap
_	815-230-4208 Daytine Telephone samber
	Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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.

APPROVED
AND
FILED

04 OCT 27 AM | 1: | 1

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE 1 NAME

The name of the corporation shall be: CERTIFIED DRILLING SERVICES, INC.

ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 14023 CHERRY LAKE DR
TAMPA, FL 33618

ARTICLE 111 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 50 Shares of common stock @ \$ 10.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address: Robert Lyons 2901 W. BUSCH BLVD. SUITE # 500 Tampa, FL. 33618

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of incorporation are: MICHAEL D CROWDER 14023 CHERRY LAKE DR TAMPA, FL. 33618

Signature/Incorporator

10-21-04 Date

(An additional article must be added if an affective 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 status 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

10-21-09 Date