TRANSMITTAL LETTER

Supplier into Supplier Constitution of the Con

SUBJECT: DRA (	SERVICES, INC DIL BUTLER Proposed comporate r	namo - must includo su	(fix)	
			CI (C) -09/	0001959030 2779601051008 **78.75 *****78.75
Enclosed is an origina	l and one (1) co	py of the articles o	f Incorporation	and a check
for : \$70.00 Filing Fee	X \$78.75 Filing Fee & Cordificate	\$122.50 Filing Fee & Cortified Copy Additional Copy	\$131.25 Filing Fac, Cardfied Copy & Certificate / Required	
FROM:				96 OCT 18 SECRETARY TALLAHASSE
	Cit	Address  FL. 32935  y, State & Zip		I PH IZ: 49 SEE FLORIDA
		Telephone number		
NOTE: Please	provide the o	riginal and <u>one</u>	copy of the	articles.



October 3, 1996

R J BUCKLEY ACCOUNTING 811 SUNSET DRIVE MELBOURNE, FL 32935

SUBJECT: OIL SERVICES, INC. Ref. Number: W96000020954

**DBA OIL BUTLER** 

WehavereceivedyourdocumentforOILSERVICES,INC. DBAOILBUTLER and check(s) totaling \$78.75. However, the enclosed document has not been filled and is being returned to you for the following reason(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

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 filling of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 196A00045328

# TRANSMITTAL LETTER

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

SUBJECT: 01L SE		namo - must includo suf	flx)	
Enclosed is an original for:  \$70.00 Filing Fee	and one (1) co \$78.75  Filling Fee & Certificate	py of the articles of  \$122.50  Filing Fee & Certified Copy  Additional Copy	\$131.25 Filling Fee, Certified Copy & Certificate	end a check
FROM:	Name ( 811 SUNSET  MELBOURNE.	, State & Zip		

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

Daytime Telephone number

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

OIL SERVICES, INC

SECRETARY OF SINE

ARTICLE II C PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

115 ADAMS AVE CAPE CANAVERAL, FL. 32920

#### ARTICLE III SHARES

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

7500 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHAEL VERDON 115 ADAMS AVE CAPE CANAVERAL, FL. 32920

### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MICHAEL VERDON 115 ADAMS AVE CAPE CANAVERAL, FL. 32920

The undersigned incorporator(	s) has(have) executed these Articles of Incorporation	this
day of		
(An additional article must be a	dded if an effective date is requested.)	
Mu	Signature	
	Signature	
	Signature	

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: 01L SERVICES, INC	<del></del>		
2. The name and address of the registered agent and office is:	**********	<del></del>	
MICHAEL VERDON (NAME)	•		į
115 ADAMS AVE (P.O. Box of Mail Drop Box NOT acceptable)	SECRET	130 96	1
CAPE CANAVERAL, FL. 32920 (CITY/STATE/ZIP)	ARY OF SSEE FI	18 PH	
Having been named as registered agent and to accept service of process fo	STATE	5 to 60	O stated
corporation at the place designated in this certificate, I hereby accept the appoing agent and agree to act in this capacity. I further agree to comply with the proventialing to the proper and complete performance of my duties, and I am familiar obligations of my position as registered agent.	ntment isions d	as re of all	gistered statutes
Muchel Vielon 10-9-9. (SIGNATURE) (DATE)	6		