# P98000079840 TRANSMITTAL LETTER

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

**700002636017--5**-09/10/98--01036--009
\*\*\*\*\*\*70.00

SUBJECT:	DDT CONTR	HET DRILLI	Ng, Inc.
	(Proposed corpo	ratesname - must include sufi	
Enclosed is an original a	and one(1) copy of the article	es of incorporation and a	check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM: Tim Butt Name (Printed or typed)			
8599 Clover Ct. Address			
Orlando, FL 32819 City, State & Zip			
Daytime Telephone number			

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

### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose for 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:

DDT Drilling Contractors, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

8599 Clover Ct. Orlando, FL 32819

### ARTICLE III SHARES

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

1000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Timothy M. Butt 8599 Clover Ct. Orlando, FL 32819

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SECRETARY OF STATE
AND AMASSEE, FLORIDA

### ARTICLE V INCORPORATOR

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

Timothy M. Butt 8599 Clover Ct. Orlando, FL 32819

Signature/Incorporator

Date

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 statues 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

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SECRETARY OF STATE
TALLAHASSEE, FLORID