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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2024 FEB -8 PM 3:43

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
SAEXPLORATION SEISMIC SERVICES (US), LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 FEB -8 PM 3:57

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: SAEXPLORATION SEISMIC SERVICES (US), LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BRUCE MCFARLANE - VP OPERATIONS
Name of Person

SAEXPLORATION SEISMIC SERVICES (US), LLC
Firm/Company

13645 N PROMENADE BLVD.
Address

STAFFORD/FL 32303
City/State and Zip Code

msauve@saxploration.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margarita Sauve at (281) 2584401
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroc Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SAEXPLORATION SEISMIC SERVICES (US), LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SAEXPLORATION, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. 90-0855057
(Jurisdiction under the law of which foreign limited liability company is organized) (PBI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 13645 N PROMENADE BLVD.
(Street Address of Principal Office)

6. 13645 N PROMENADE BLVD.
(Mailing Address)

STAFFORD, TX 77477

STAFFORD, TX 77477

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CAPITOL CORPORATE SERVICES, INC.

Office Address: 515 EAST PARK AVENUE 2ND FL

TALLAHASSEE, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Mary Fink, Asst. Sec. on behalf of Capitol Corporate Services, Inc.
(Mary Fink) (Registered agent's signature)

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SECRETARY OF STATE
TALLAHASSEE, FL

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

Manager Name: SAEXPLORATION, INC.

Member Address: 13645 N PROMENADE BLVD

Authorized STAFFORD, TX 77477

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: BRUCE MCFARLANE

Member Address: 13645 N PROMENADE BLVD

Authorized STAFFORD, TX 77477

Person _____

Other _____ Other _____

Manager Name: FORREST BURKHOLDER

Member Address: 13645 N PROMENADE BLVD

Authorized STAFFORD, TX 77477

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: DAVID A. RASSIN

Member Address: 13645 N PROMENADE BLVD

Authorized STAFFORD, TX 77477

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

BRUCE MCFARLANE - AUTHORIZED PERSON

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Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAEXPLORATION SEISMIC SERVICES (US), LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAEXPLORATION SEISMIC SERVICES (US), LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

5156435 8300

SR# 20240396548

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202758850

Date: 02-07-24

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