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To: Division of Corporations  
 Fax Number : (850) 205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
 Account Number : 072450003255  
 Phone : (305) 634-3694  
 Fax Number : (305) 633-9696

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 DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

reliable field services llc

Certificate of Status	0
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 TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Reliable Field Services LLC

**ARTICLE II - Address:**

The mailing address & street address of the principal office of the Limited Liability Company is:

Principal Office Address:

318 Indian Trace - Suite 406  
Weston, FL 33326

Mailing Address:

318 Indian Trace - Suite 406  
Weston, FL 33326

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Ronald B. Glazer  
3951 San Simeon Lane  
Weston, FL 33331

*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 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 as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title: Name and Address:

MGRM = Managing Member

Ronald B. Glazer  
3951 San Simeon Lane  
Weston, FL 33331

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ronald B. Glazer

Typed or printed name of signer

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