

A06000000375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

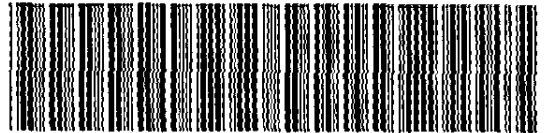
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/13/06--01016 -008 **1061.25

FILED
06 MAR 13 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 MAR 13 PM 2:24
DEPT. OF STATE
DIVISION OF REGISTRATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Williston Basin Drilling Limited Partnership I, LLLP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Phillip W. Ware

(Contact Person)

Williston Basin, Inc.

(Firm/Company)

Post Office Box 609

(Address)

Apalachicola, Florida 32329

(City, State and Zip Code)

For further information concerning this matter, please call:

Robert J. Angerer, Jr.

(Name of Contact Person)

at (850) 576-5982

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☒ \$1,061.25 Filing Fees,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status and Certified Copy Certificate of Status
Fee)

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

CR2E030 (01/06)

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Williston Basin Drilling Limited Partnership I, LLLP.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.*

2. 29 Avenue E, Suite 5
(Street address of initial designated office)

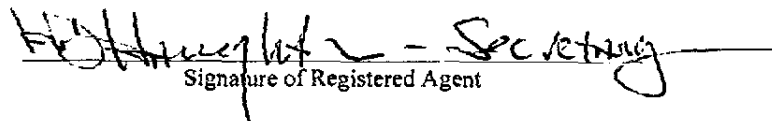
Apalachicola, Florida 32320

3. Igler & Dougherty, PA
(Name of Registered Agent for Service of Process)

4. 2457 Care Drive
(Florida street address for Registered Agent)

Tallahassee, Florida 32308

5. *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.*


Signature of Registered Agent

6. Post Office Box 609
(Mailing address of initial designated office)

Apalachicola, Florida 32329

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name: PO6000036454
Williston Basin, Inc.

Business Address:

P.O. Box 609

Apalachicola, FL 32329

9. Effective date, if other than the date of filing:

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 13th day of March, 2006

Signature of each general partner:

By [Signature] President
Williston Basin, Inc.

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

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