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(Red	questor's Name)		
(Address)			
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(City	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
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(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to F	Filling Officer:	usion	
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Office Use Only

M. HODGE



January 5, 2006

Registration Section
Department of Corporations
PO Box 6327
Tallahassee, FL 3231

RE: Application to Form a Florida Limited Liability Compay

Dear Corporations Board:

JD Keng

Enclosed are the application forms to convert my "Sole Proprietor" business to a Florida Limited Liability Company. The mailing address and telephone number to contact me are at the bottom of the page. Please feel free to call if you have questions or comments about this application.

Sincerely,

JD Kemp

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of	of the unincorporated busine	ess immediately prior to filing th	is document was:
KEMP	TEOLOGICAL	SERVICES	·
SECOND: The date created or otherwise A. Date B. Juris C. If dif	e on which and the jurisdict	ion in which the unincorporated 'DZ I jurisdiction, the jurisdiction im	
organization is:		Services L	
Signa (In acco	ture of a Member or an Authordance with section 608.408(3), It tes an affirmation under the penal	-	mber locument
	\$100.00 Filing Fee f \$ 25.00 Filing Fee f	G FEES: for Articles of Organization for Registered Agent Designation for Certificate of Conversion for Opy (optional)	12: 23 13: 45:A

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

\$ 5.00 Certificate of Status (optional)

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEMP GEOLOGICAL SERVICES, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

The enclosed Articles of Organization and fee(s) are submitted for filing.

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The enclosed Articles of Organization and fee(s) are submitted for filing.

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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

The enclosed Articles of Organization and fee(s) are submitted for filing.

1442 AVONDALE WAY

(Address)

TALLAHASSEE FL 32317

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (850) 877-6032

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
KEMP GEOLOGICAL S	ERVICES LLC		
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1442 AVONDALE WAY	SAME		
TALLA HASSEE			
FIDRIDA 32317			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Name 1442 ANDNOALE WAY Florida street address (P.O. Box NOT acceptable)			
TALLAHASSEE FLORIDA 32317 City, State, and Zip			

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED) The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: 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.) Typed or printed name of signee

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

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)