| (Requestor's Name) | | |
|--|-----------------|-------------|
| (Address) | | |
| (Address) | | |
| (City/ | /State/Zip/Phon | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Filing Officer: 433 CC | | |
| 2780-06 | | |

Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|--------------------------|--|--|--|--|
| SUBJE | CT: RAY KLEE WELL DRILLING, LLC (Name of Limited Liability Company) | | | |
| The enc | closed Articles of Organization and fee(s) are submitted for filing. | | | |
| Please r | return all correspondence concerning this matter to the following: | | | |
| | Ray Klee (Name of Person) | | | |
| - | Ray Klee Well Drilling LLC | | | |
| 3529 Shady Brooke Circle | | | | |
| | Mulberry Florida 338600 (City/State and Zip Code) | | | |
| For furt | ther information concerning this matter, please call: | | | |
| | Payklee at (913) 299-4877 (Marca Code & Daytime Telephone Number) | | | |
| Enclos | ed is a check for the following amount: | | | |
| X 0\$125 | .00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed) | | | |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Ray Klee Well Dril (Must end with the words "Limited Liability Company, "Limited | Company or their abbreviation "LLC" or "LC") |
|--|---|
| ARTICLE II - Address: | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 3529 Shady Broke Circle Mulberry, Placida 33860 | 2579 Andy Broke Circle |
| ARTICLE III - Registered Agent, Registered ((The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | Office, & Registered Agent's Signature: red Agent. You must designate an individual or another |
| The name and the Florida street address of the re- | |
| - Ray N. KI | ee All |
| Name | ee B |
| 3529 Shady Bra | de Circle |
| Florida street addre | ess (P.O. Box NOT acceptable) |
| Mulberry City/State, an | rt 338600 55 5 |
| liability company at the place designated in thi | ccept service of process for the above stated limited is certificate, I hereby accept the appointment as 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.

(CONTINUED)
Page 1 of 2

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

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

| <u>Title:</u> "MGR" = Manager | Name and Address: | | | |
|--|---|--|--|--|
| "MGRM" = Managing Member | RAY N. Klee 3579 Shady Brooke Circle Mulberry, Fl. 338600 | | | |
| | | | | |
| - ·· | | | | |
| | | | | |
| (Use attachment if necessary) | | | | |
| ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.) | e of filing: $OZ - 20 - OO$ (OPTIONAL) secific and cannot be more than five business days prior | | | |
| 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.) | | | | |
| - HAU Typed | N. Klee or printed name of signee | | | |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)