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(Requestor's Name)				
(Addres	ss)			
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(City/St	ate/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	opies Certificates of Status			
Special Instructions to Filin	g Officer:			

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Albert Dampier Screening 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:
Albert Dampier
(Name of Person)
Albert Dampier Screening Life :
(Firm/Company)
2010 St Johns River Rd.
(Address)
Astor, FL 32102
(City/State and Zip Code)
For further information concerning this matter, please call:
Albert Dampier at 386, 561-8997 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy Certificate of Status & 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:

(IIII) OIL WILL GO WOLDS DA			,
ARTICLE II - Addre The mailing address a		ncipal office of the Limited	Liability Company is:
Principal Office Add		Mailing Address:	
2070 St.J	ohns River Rd		وج ري
Astor, FL	- 52102		12 9
	any cannot serve as its own Registe	Office, & Registered Ager red Agent. You must designate an in	
The name and the Flor	rida street address of the re	gistered agent are:	To The second
<u></u>	Albert Da Name	mpier	RIDA
7		hns River Rd	
<u> </u>	Astor	ress (P.O. Box <u>NOT</u> acceptable) FL 32102	. .
	City, State, ar	ıd Zip	

Registered Agent's Signature (REQUIRED)

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..

(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:

Albert Dampier 2070 St. Johns River Rd. Astor FL 32102
MAR-2 MI
Post
te of filing: (OPTIONAL) pecific and cannot be more than five business days pri

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.)

Albert Dampier
Typed 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)