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## COVER LETTER

to the control of the
TO: Registration Section Division of Corporations
SUBJECT: Florida Well Drilling Company, LIC. (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:
James E. Hubbard Jr.
(Name of Person)
Florida Well Drilling Company LC
(FirmCompany)
9939 HWY 231
(Address)
Parama City FL 32404
(City/State and Zip Code)
<b>6</b> ₹ **
For further information concerning this matter, please call:
James E. Hubbard Jr. at (850) 722-47168 or 850-058-1912 (cech.) (Name of Person) (Area Code & Daytime Telephone Number)
<b>要</b> .建 上
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \sum \\$155.00 Filing Fee & \sum \\$160.00 Filing Fee,  Certificate of Status Certificate of Status &
(additional copy is enclosed) Certified Copy  (additional copy is enclosed)
Mailing Address Street/Courier Address
Registration Section Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tellahacese FI 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:		
Florida Well Orilling Company (LC) (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Com	ıpany	is:
Principal Office Address:  Mailing Address:		
9939 Highway 231 9939 Huy 231 Ponama City FL 32404 Ponama City FL 32404		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)		EN3
The name and the Florida street address of the registered agent are:	MAY	<u> </u>
James E. Huthard Jr.	ᄩ	100 30 P
9939 Huy 231 Florida street address (P.O. Box NOT acceptable)	AM 9: 22	F S FATE
Panama City FL 32404 City, State, and Zip		25
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar w	ent as ons o	s f all

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

## 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: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_ \_ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.)

S E. Hubbard 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)