

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		cn()
		G DU
	Office Use Onl	v (MV



09/19/06--01041--026 **125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Archeology Exploration LLC			
(Must end with the words "Limited Liability Company, "Limite	ed Company" or their abbreviation "LLC," or "I	C.,")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liabilit	y Company is:	
Principal Office Address:	Mailing Address:		
23 North Beach Road Jupiter Island, FL 33455-2101 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signered Agent. You must designate an individual o	r another	
The name and the Florida street address of the r	egistered agent are:	06 SEP SECRE	
William O. Brisben			
Name		19	
23 North Beach Road			
Florida street add	iress (P.O. Box <u>NOT</u> acceptable)	REP 19 PM 12: 13 URSTATY OF STATE LANASSEE FLORIDA	
Jupiter Island	FL 33455-2101	ᄝᆑ	
City, State, a	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, F.S..

Registered Agent's Signature (REQUIRED)
William O. Brisben

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Mar		Name and	Address	E	
"MGRM" = M	fanaging Member				
MGR		William			
		23 North			33455-210
		odpacer	rerain,	111	33433-210
		,	······		
					
•					
					,
			· · · · · · · · · · · · · · · · · · ·		
(Use attachme	nt if necessary)		· · · · · · · · · · · · · · · · · · ·		
`		date of filing.			
LEV: Effective	nt if necessary) ve date, if other than the listed, the date must b				
LE V: Effective date is	ve date, if other than the listed, the date must b				than five bu
LE V: Effective date is	ve date, if other than the listed, the date must b				
LE V: Effective ffective date is days after the	ve date, if other than the listed, the date must b				
LE V: Effective factive date is days after the	ve date, if other than the listed, the date must be date of filing.)				
LE V: Effective date is days after the	ve date, if other than the listed, the date must be date of filing.)	e specific and ca	annot be	more	than five bu
LE V: Effective fective date is days after the	ve date, if other than the listed, the date must be date of filing.)	e specific and ca	annot be	more	than five bu
LE V: Effective ffective date is days after the	ve date, if other than the listed, the date must be date of filing.)	e specific and care or an authorized ction 608.498(3), Fitutes an affirmatio	representation	more tative	of a member.
CLE V: Effective flective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitute the facts stated william 0.	er or an authorized ction 608.498(3), F itutes an affirmation herein are true.)	I represent lorida State n under the	tative rtes, the	of a member

Page 2 of 2

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