## LOROCO 13171

(Re	equestor's Name)	
(Ad	ldress)	
(Aa	ldress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	_ Certificate:	s of Status
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02/04/08--01005--014 \*\*125.00

Effective Date 2/1/08

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B. Tackock FEB 0 6 2008

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: U.S. FIELD SERVICES, LC (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:	
ROGER S STAPLETON (Name of Person)	
(Firm/Company)	
(Address)	
12144 85th 5T N (Address)  (Address)  (City/State and Zip Code)	
For further information concerning this matter, please call:  ROGER STAPLETON at (727) 224-3319  (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 & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim	e: nited Liability Company is:		08 FE
<u></u>	FIELD SE	ERVICES, LL lity Company, "L.L.C.," or "LLC.")	08 FEB -4 PH
ARTICLE II - Add The mailing address		rincipal office of the Limited L	 51
Principal Office Ad	ldress:	Mailing Address:	
7301 15 51 PETE 33	TAVES ESBURG, FL 107	7301 ISTAVE STPETERSBURG 33707	S , FC_
(The Limited Liability Conbusiness entity with an acc	npany cannot serve as its own Regis	d Office, & Registered Agent tered Agent. You must designate an indiregistered agent are:  STAP CETAP	vidual or another
_	ROGER S	STAPLETON	( )
	Name	_	
_	12144 85	The ST N	
	Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)	
•	City, State,	FL <u>32773</u> 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 Agends Signature (REQUIRED)

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

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

		Name and Address:
"MGR" = Manage		•
"MGRM" = Mana	nging Member	
MGRM		ROGER STAPLETON.
TONIT	_	12411 CEM CE 1)
		10194 85 51 10
		LARGO FL 33773
MGRM	,	MARVIN REAGAN
1 100 CM	<del></del>	1005 LAKEVIEW DR
•		
		PALM HARBOR, FL 346
	_	
		·
	_	++
(Use attachment i	f necessary)	
(Use attachment i  LE V: Effective of  ffective date is list  days after the da  REQUIRED SIO	late, if other than the died, the date must be steed to of filing.)	ate of filing: 2/1/08 (OPTION specific and cannot be more than five business d
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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)