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(Requestor's Name)

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(City/State/Zip/Phone #)

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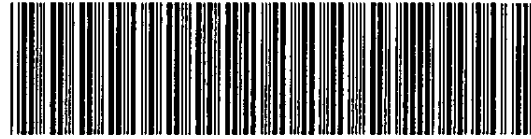
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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EXAMINER



THE BLUM FIRM, P.C.

ATTORNEYS AT LAW

Marvin E. Blum* Gary V. Post* John R. Hunter* Daniel H. McCarthy*
Steven W. Novak* Len Woodard* Catherine R. Moon* Amanda L. Holliday*
Laurel Stephenson* Laura L. Bower-Haley* Amy E. Ott* Rachel W. Saltsman
Christine S. Wakeman Kandice R. Kilillon Kent H. McMahan,* Senior Counsel

April 21, 2011

Department of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, Florida 32314

RE: KRAMER LAND MANAGEMENT, LLC

Dear Sir or Madam:

I am enclosing, in duplicate, Articles of Organization for Florida Limited Liability Company regarding the matter referenced above. Also enclosed is our firm check in the amount of \$125.00 representing your filing fee. Please file the document and return a filed-marked copy to our office in the envelope enclosed for your convenience.

Thank you for your assistance. If you have any questions, please do not hesitate contact me at our Fort Worth office number shown below.

Sincerely yours,

Karyn Fowler
Legal Assistant

/kf

Enclosures

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KRAMER LAND MANAGEMENT, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

c/o Power Service Products, Inc.
513 West 4th Street
Weatherford, TX 76086

Mailing Address:

c/o Power Service Products, Inc.
513 West 4th Street
Weatherford, TX 76086

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.)

The name and the Florida street address of the registered agent are:

Capitol Corporate Services, Inc.

Name

155 Office Plz Dr., Ste A

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32301

City, State, 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.

Dleanor Case, asst. Sec.

Registered Agent's Signature (REQUIRED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

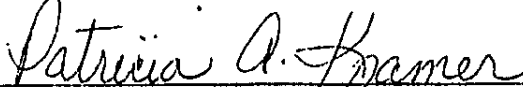
Patricia A. Kramer
c/o Power Service Products, Inc.

513 West 4th Street
Weatherford, TX 76086

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Patricia A. Kramer

Typed or printed name of signer

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)

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