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D. BRUCE
JAN 1 8 2012
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Prospect Well Drilling & Irrigation, LLC Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
-	Jason McLean Name of Person
_	Prospect well Drilling & Irrigation, LLC
_	294 E. Michael angelo Rd.
_	De Funiale Springs, FL 32433 City/State and Zip Code
	Sjraiders 04@ gnail. com E-mail address: (46 be used for future annual report notification)
For furth	E-mail address: (a) be used for future annual report notification) The property of the proper
Jas	Name of Person at (\$50) 699 - 7064 Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125,00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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 Limited Liability Company is	:

(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:	Mailing Address:
10722nd St.	294 E. Michaelangelu Rd.
Niceville, FL	Defunial Springs, FL
32578	32433

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 l'Iorida registration.)

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

Juson McLean		72	
Name	3 -36	MAC	
294 E. Michael angelo Rd. Florida street address (F.O. Box NOT acceptable)	W.T.) ASSI	7	
_		PX	
Orfuniak Spring SFL 32433 City, State, and Zip	FLO	7	
City, State, and Zip		ري ک	

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)

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 Membe	er
MGR	Jason Mclean
	294 E. Michael angelo Rd. Defuniak Springs, FL 32433
0	2 2
MGR	107 222d St.
	Niceville, FL 32578
	•
effective date is listed, the date	han the date of filing: (OPTIONAL must be specific and cannot be more than five business days
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.)	
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