<u>L1400003385</u>

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	• #)
(Cil	yrotate/2.ip/r-none	· π)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
()		,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
i		

Office Use Only



400256912274

02/20/14--01017--022 **130.00

FILLED

14 FB 20 M ID: 2

SECRETARY OF STATE
TALL MIASSEE FI DOWN

51/ 01 ...

TO: Registration Section Division of Corporations SUBJECT: K 3 M Well drilling LLC Name of Limited Liability Condany The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Richard Alken Name of Person K 3 M Well drilling Please return all correspondence concerning this matter to the following: Address Pt Charlotte F1 38953 City/State and Zip Code Hoghward 83 C 9 mail: Con E-mail address: (we be used for future annual report notification) For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

☐\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 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: 2290 Ednor St. 010 Ednor St. 93952 33952
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.)
Fibrida street address of the registered agent are: Richard First Florida street address of the registered agent are: Richard First Florida street address (P.O. Box NOT acceptable) Principal street address (P.O. Box NOT acceptabl
(CONTINUED)
Page 1 of 2 Page 1

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	richard fliken 1296 Eanorst pt Char 33952	- 7011c
		_ _ _
		_
		-
		-
ective date is listed, the date must be sof filing.) LE VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or	• 90 day
EV: Effective date, if other than the da	specific and cannot be more than five business days prior to or	• 90 day
EV: Effective date, if other than the date fective date is listed, the date must be sof filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a recovery content of a recovery c	specific and cannot be more than five business days prior to or Line to the content of the cont	
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a reconstitutes an affirmation under the analysis of the section of	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)	
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a reconstitutes an affirmation under the analysis of the section of	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.	
EV: Effective date, if other than the date extive date is listed, the date must be sof filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a real constitutes an affirmation under the angle of the constitutes at third degree felicies.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)	
EV: Effective date, if other than the date extive date is listed, the date must be sof filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a real constitutes an affirmation under the angle of the constitutes at third degree felicies.	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this documen der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.) Character Filing Fees: Organization and Designation of Registered Agent	

ARTICLE IV-