

## Division of Corporations

Florida Department of State

Division of Corporations

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## FLORIDA LIMITED LIABILITY CO.

## ACCURATE DRILLING SYSTEMS CONTRACTORS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## CLE I - Name:

Name of the Limited Liability Company is:

ACCURATE DRILLING SYSTEMS CONTRACTORS, LLC.

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

## CLE II - Address:

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

Principal Office Address:Mailing Address:49 N INDUSTRIAL LOOP, BLDG B  
LABELLE, FL 3393549 N INDUSTRIAL LOOP, BLDG B  
LABELLE, FL 33935

## CLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a business entity with an active Florida registration.)

Name and the Florida street address of the registered agent are:

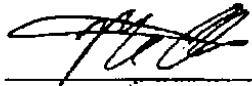
FATIMA GIRON-ACEVEDO

Name

49 N INDUSTRIAL LOOP, BLDG BFlorida street address (P.O. Box **NOT** acceptable)

<u>LABELLE</u>	<u>FL</u>	<u>33935</u>
City	State	Zip

I, FATIMA GIRON-ACEVEDO, have been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I understand and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

MARIO E. ACEVEDO-GIRON  
49 N INDUSTRIAL LOOP, BLDG B  
LABELLE, FL 33935

SECRETARY

FATIMA GIRON-ACEVEDO  
49 N INDUSTRIAL LOOP, BLDG B  
LABELLE, FL 33935

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/20/2020 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

FATIMA GIRON-ACEVEDO

Typed or printed name of signer