(H22000236030 3)

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000236030 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAURA K. MUNSON, CPA

Account Number : I20190000060 Phone : (863)634-4631 Fax Number : (863)467-3002

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Laura@simsmunsoncpa.com

## FLORIDA LIMITED LIABILITY CO.

.....

John Summerall Well Drilling, LLC

anamananananananananananananananananana	anamanamanamanamanamanamanamana
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

## (H220002360303)

## **COVER LETTER**

ew Filing Section ivision of Corporations		
	RILLING, LLC	
	Limited Liability Company	<del></del>
ed Articles of Organization and fee(s)	are submitted for filing.	
rn all correspondence concerning this	matter to the following:	
Laura Munson		
	Name of Person	<del></del>
Sims Munson CPA		
· -	Firm/Company	
319 N. Parrott Ave		
	Address	<u> </u>
Okeechobee, FL 34972		
	City/State and Zip Code	
Laura@simsmunsoncpa.com		
E-mail address: (to be us	sed for future annual report notificate	ion)
nformation concerning this matter, ple	ase call:	
Laura Munson	863 634-4631	
Name of Person	Area Code Daytime Telephon	e Number
s a check for the following amount:		
Filing Fee S130.00 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 New Filing Section	Street Address New Filing Section D	
i	JOHN SUMMERALL WELL D  In all correspondence concerning this  Laura Munson  Sims Munson CPA  319 N. Parrott Ave  Okeechobee, FL 34972  Laura@simsmunsoncpa.com  E-mail address: (to be usenformation concerning this matter, plessed and p	Vision of Corporations  JOHN SUMMERALL WELL DRILLING, LLC  Name of Limited Liability Company  and Articles of Organization and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  Laura Munson  Name of Person  Sims Munson CPA  Firm/Company  319 N. Parrott Ave  Address  Okeechobee, FL 34972  City/State and Zip Code  Laura@simsmunsoncpa.com  E-mail address: (to be used for future annual report notificate and formation concerning this matter, please call:  Laura Munson  S63  Area Code  Daytime Telephon  a check for the following amount:  Filing Fee  S130.00 Filing Fee & S155.00 Filing Fee & Certified Copy (additional copy is enclosed)  Mailing Address  New Filing Section  Mailing Address  New Filing Section

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LL WELL DRILLING, I		"[ [ C "or "] [ C ")
	an the words Enned t	adding company,	Libiting the GDC.
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	Tice of the Limited	Liability Company is:
Princip	al Office Address:		Mailing Address:
5709 NE 9th Lane, C	Okcechobee, FL 34974	5709	NE 9th Lane, Okeechobec, FL 34974
<u></u>	_	<del></del>	<del></del>
another business entity with an	active Florida registration	n.)	You must designate an individual or
	active Florida registration	agent are:	
another business entity with an	active Florida registration address of the registered Sims Munson Certific	n.) agent are: ed Public Accounta	
another business entity with an	active Florida registration address of the registered	n.) agent are: ed Public Accounta Name	ints, PLI.C
another business entity with an	active Florida registration address of the registered Sims Munson Certifice 319 N. Parrott Avc.	n.) agent are: ed Public Accounta Name	ints, PLI.C
another business entity with an	active Florida registration address of the registered Sims Munson Certification 319 N. Parrott Ave.  Florida street address	agent are:  ad Public Accounta  Name  (P.O. Box NOT a	cceptable)

(CONTINUED)

as

(H22000236030 3)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	JOHN W. SUMMERALL III 5709 NE 9th Lane, Okeechobee, FL 34974	<del>-</del>
		<del>-</del>
		_
		<del></del>
		_
		<del></del>
(Use attachment if necessary)		
CLEV: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does	e date of filing:	
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does not me Department's effective date on the Department.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or so that meet the applicable statutory filing requirements, this date will national of State's records.	
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does not me Department's effective date on the Department.	e date of filing:	
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does cument's effective date on the Depart CLE VI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or so that meet the applicable statutory filing requirements, this date will national of State's records.	
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an	e date of filing:	ot be
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an	e date of filing:	ot be