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	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) \sim (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		W.	ALK IN		
	PICI	K UP:	DANNY 10/19	_	
	CERTIFIED COPY				
X	х рнотосору				
	CUS				
X	X FILING	LLC			
1.	LONG STAPLE SOLAI (CORPORATE NAME AND DOCUME	R, LLC MENT#)			
2.		<u>.</u> .			
2	(CORPORATE NAME AND DOCU	MENT #)			
3.	(CORPORATE NAME AND DOCUME	MENT #)	.		
4.	(CORPORATE NAME AND DOCU	MENT #)		<u> </u>	
5.	(CORPORATE NAME AND DOCUME	MENT #)			
6.	(CORPORATE NAME AND DOCUM	MENT #)			
SPECI INSTR	AL UCTIONS:				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liabilit	y Company is:			
LONG STAPLE SOI	LAR, LLC			
(Must conta	ain the words "Limited	Liability Compan	v, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	ddress of the principal	office of the Limite	ed Liability Company is:	
<u>Princip</u> :	al Office Address:		Mailing Address:	
3725 National Drive			25 National Drive	
Suite 210 Raleigh, NC 27612			ite 210 leigh, NC 27612	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its ow ctive Florida registrati	n Registered Agent on.)	ent's Signature: . You must designate an individual or	8EC 22 6 C
	Registered Agent So	olutions, Inc.		RETA T 19
		Name		ياندن.
	155 Office Plaza Dr Florida street addre		acceptable)	PH 5: 5
	Tallahassee	FL	32301	2 GH

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 605, F.S..

State

City

Mackenzie Hart, Asst. Secretary
Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address: Authorized Member	
"MGR" = M		
AMBR	Oakhurst Energy Development, LLC 3725 National Drive, Suite 210 Raleigh, NC 27612	
	22 QCT 19	SEVICE SEC
		27. 27.
		건물를 걸음
	ည် 	STATE STATE
ARTICLE V: Effective If an effective date is the date of filing.) Note: If the date insert	tent if necessary) we date, if other than the date of filing:	
he document's effecti	ive date on the Department of State's records.	
ARTICLE VI: Other p	provisions, if any.	
REOUIRED	SIGNATURE:	
	Signature of a member or an authorized representative of a member.	
	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.	
	Rex Young Typed or printed name of signee	

as

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)