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J. Shivers APR 0 1 2014

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	CCT: Art Weld Creations Name of Lir	nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
	David A. Freire	Name of Person	-
	Art Weld Creations	Firm/Company	
	4100 Dianthus lane	Address	
	<u>Titusville. FL. 32796</u>	City/State and Zip Code	
a	rtweldcreations@yahoo.com E-mail address: (to be use	ed for future annual report notifica	tion)
For fu	ther information concerning this matter, ple	rase call:	
David	Freire at (786) 567-0760 Area Code Daytime Tel	ephone Number
_	ed is a check for the following amount:		Mars as But III
∐ \$ 125.0	OO Filing Fee \$\frac{1}{2}\$130.00 Filing Fee \$\frac{1}{2}\$Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	AY inhibite Communication			
THE DRIVE OF THE LIMITE	u Liaomiy Company	y 18.		
Art Weld Creations L	ıc			
(N	fust end with the wo	ords "Limited Li	ability Company, "L.L.C.," or	("LLC.")
ARTICLE II - Addres	:5:			
The mailing address an	d street address of th	e principal offic	c of the Limited Liability Cor	mpany is:
Principal Office Addr	<u> </u>		Mailing Address:	
1495 SW 131st Place	9		4100 Dianthus Lane	
Miami, FL 33184			Titusville, FL 32796	
ARTICLE III - Regist (The Limited Liability of another business entity The name and the Florid	Company cannot servith an active Florid	ve as its own Re da registration.)		re: sìgnate an individual or
	David A. Freire			
		Name		
	4100 Dianthus La Florida street addre		OT acceptable)	
	Titusville		FL 32796	
	Ci	ity	Zip	
the place designated capacity. I further ag	in this certificate, I ree to comply with the m familiar with and i	hereby accept the ne provisions of a accept the obliga	ne appointment as registered at all statutes relating to the proportions of my position as registe 605, F.S	er and complete performance
		(CONTINUED	")	
		Page 1 of 2		
				Strange 38

<u>'itle:</u>	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager		
MGR	Halana Freire	
	4100 Dianthus Lane	····
	Titusville, FL 32796	
· · · · · · · · · · · · · · · · · · ·		*
	filing: (OPTION fice and cannot be more than five business days pri	
V: Effective date, if other than the date of ctive date is listed, the date must be specifilling.) VI: Other provisions, if any.		
CV: Effective date, if other than the date of ctive date is listed, the date must be specifilling.) CVI: Other provisions, if any. REQUIRED SIGNATURE:	fic and cannot be more than five business days pri	ior to or
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CV: Effective date, if other than the date of ctive date is listed, the date must be specifilling.) CVI: Other provisions, if any. Signature of a ment (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false information stitutes a third degree felony at the constitutes at	ber of an authorized representative of a member 0203 (1) (b), Florida Statutes, the execution of this dhe penalties of perjury that the facts stated herein antion submitted in a document to the Department of Statutes.	ior to or