

L03000050236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

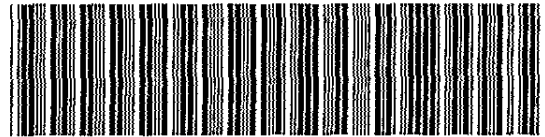
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/02/03--01016--011 **125.00

EFFECTIVE DATE

1-1-2004

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC -1 AM 9:20

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12/5
just

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Welsh Remodeling, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

EFFECTIVE DATE

1-1-2004

Please return all correspondence concerning this matter to the following:

John P. Welsh

(Name of Person)

C/O Bay County Multi-Service Company

(Firm/Company)

P. O. Box 1568

(Address)

Lynn Haven, FL 32444

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Rita Clark

(Name of Person)

at (850)

785-4412

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

EFFECTIVE DATE

1-2004

ARTICLE I - Name:

The name of the Limited Liability Company is:

Welsh Remodeling, LLC

ARTICLE II - Address:

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

Principal Office Address:

1711 Michigan Avenue

Panama City, FL 32401

Mailing Address:

1711 Michigan Avenue

Panama City, FL 32401

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

John P. Welsh

Name

1711 Michigan Avenue

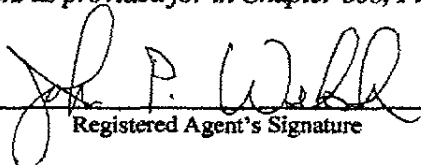
Florida street address (P.O. Box **NOT** acceptable)

Panama City, FLORIDA 32401

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

John P. Welsh

1711 Michigan Avenue

Panama City, FL 32401

(Use attachment if necessary)

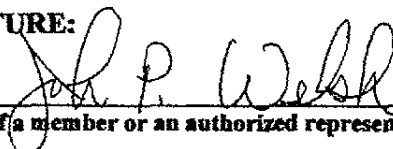
(ADDED
ARTICLE)

ARTICLE V - Request For An Effective Date:

The Effective Date for this company shall be January 1, 2004.

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John P. Welsh

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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