

LO3000052868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

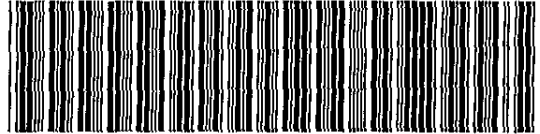
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EFFECTIVE DATE

1-1-2004

12/08/03--01051--017 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC -8 PM 1:51

FILED

12/15/03
mst

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

EFFECTIVE DATE

1-1-2004

SUBJECT: WELDING SERVICES LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

DAVID W. GIGLIO
(Name of Person)

WELDING SERVICES LLC
(Firm/Company)

7511 SUMMERBRIDGE DRIVE
(Address)

TAMPA FL 33634-2260
(City/State and Zip Code)

For further information concerning this matter, please call:

JACK A. GIGLIO at (813) 886-0311
(Name of Person) (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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC -8 PM 1:51

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC - 8 PM 1:51

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

WELDING SERVICES LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7511 SUMMERBRIDGE DRIVE

SAME

TAMPA FL 33634-2260

EFFECTIVE DATE

1-1-2007

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

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

DAVID W. GIGLIO

Name

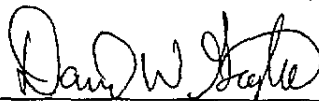
7511 SUMMERBRIDGE DRIVE

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

TAMPA FLORIDA 33634-2260

City, State, and Zip

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

FILED

03 DEC -8 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

DAVID W. GIGLIO
MGR / OWNER

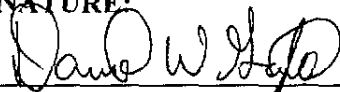
7511 SUMMERBRIDGE DRIVE
TAMPA, FL 33634-2260

(Use attachment if necessary)

ARTICLE V THE EFFECTIVE DATE OF THIS LLC
IS 1 JAN 04.

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.)

DAVID W. GIGLIO

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)