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(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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Wes Meadows GAVE
NUTHORIZATION BY FHONE TO
CORRECT Amendment form not needed, refund



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2003 DEC 15 PM 4: 02

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TRANSMITTAL LETTER

	ation Section of Corporations
SUBJECT: We	es Meadows Welding Ltd. Co.
	(Name of Limited Liability Company)
The enclosed Art	Please return all correspondence concerning this matter to the following: Wes Meadows (Name of Person)
	Please return all correspondence concerning this matter to the following:
	Wes Meadows C.S.
	(Name of Person)
We	(Name of Person) s Meadows Welding Ltd. Co.
	(Firm/Company)
2729 Sar	nibel Place
	(Address)
	Gulf Breeze, FL 32563
	(City/State and Zip Code)
For further inform	nation concerning this matter, please call:
Wes Meadows	at (850-) 336-2172

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

(Name of Person)

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

(Area Code & Daytime Telephone Number)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF OR FOI FLORIDA LIMITED LIA	R ROOM TO THE REAL PROPERTY OF
ARTICLE I - Name:	ASSERTING THE
The name of the Limited Liability Company is:	732 3
Wes Meadows Welding Ltd. Co.	
ARTICLE II - Address: The mailing address and street address of the princ	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2729 Sanibel Place	2729 Sanibel Place
Gulf Breeze, FL 32563	Gulf Breeze, FL 32563
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the reg	
wes Meadows Name	• -
2729 Sanibel Place Florida street address (P.O. F	Boy NOT accentable)
Propries Succe Sharess (P.O. I	200 1184 acceptantes
Gulf Breeze	FLORIDA 32563
City, State, and	

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

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:			
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	Wes Meadows 2129 Sanivel Place Gulf Breeze, FL. 32563		
(Use attachment if necessary)			
NOTE: An additional article must be	e added if an effective date is requested.		
REQUIRED SIGNATURE: Linular Multi Signature of a member or an a	m Mulu M. authorized representative of a member.		
(In accordance with section 60% of this document constitutes an that the facts stated herein are t	3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury rue.)		

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

Charles Wesley Meadows, Jr.

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee