

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000342734 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Jake's Welding, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H03000342734

ARTICLE I - Name

The name of the Limited Liability Company is: **Jake's Welding, LLC**

ARTICLE II - Address

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

Principal Office Address:

Corner of S.E. 87 Blvd. & Hwy. 441 S.E.

Okeechobee, FL 34974

Mailing Address:

9053 S.E. 67 Way

Okeechobee, FL 34974

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

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

Jeff Streelman

Name

9053 S.E. 67 Way

(P.O. Box or Mail Drop Box NOT Acceptable)

Okeechobee, FL 34974

(City / State / Zip)

03 DEC 29 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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, F.S.

X

Jeff Streelman

Registered Agent's Signature - Jeff Streelman

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

H03000342734

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Jeff Streelman - 9053 S.E. 67 Way, Okeechobee, FL 34974

MGRM

Karen Streelman - 9053 S.E. 67 Way, Okeechobee, FL 34974

(Use attachment if necessary)

REQUIRED SIGNATURE:

X Karen Streelman
Signature of a member or 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.)

Karen Streelman

Typed or printed name of signee

03 DEC 29 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
FILED