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| Special Instructions to Filing Officer: | |
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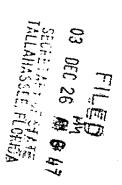
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TRANSMITTAL LETTER

| Division of Corporations |
|--|
| SUBJECT: LARRY'S PORTABLE WELDING LAC |
| (Name of Limited Liability Company) |
| SE SE |
| The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: |
| Please return all correspondence concerning this matter to the following: |
| The state of the s |
| |
| 67 0 |
| Please return all correspondence concerning this matter to the following: ARRY COPENHAVER (Name of Person) |
| (Name of Person) |
| |
| LARRY'S PORTABLE WELDING LLC (Firm/Company) |
| 6240 DANBURY ST. (Address) |
| SPRING AILL 41. 34606 (City/State and Zip Code) |
| For further information concerning this matter, please call: |

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

LARRY COPEUNAVER (Name of Person)

Registration Section

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

at (352) 683 - 0931 (Area Code & Daytime Telephone Number)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | ARRY'S PORTABLE WELDING LL |
|--|--|
| ARTICLE II - Address: The mailing address and street address of the princip 6240 DANBURY ST- SPRING HI | al office of the Limited Liability Company is: |
| · · · · · · · · · · · · · · · · · · · | LL FL. 34606 755 |
| Principal Office Address: | Mailing Address: 与恐 色 |
| Same | SAME SOME |
| | 70 0 |
| | |
| ARTICLE III - Registered Agent, Registered Offi | ice, & Registered Agent's Signature: |
| The name and the Florida street address of the registe | ered agent are: |
| LARRY COPEN HA | VER |
| 6240 DANBUR Florida street address (P.O. Box | |
| SPRING HILL FL. City, State, and Zip | 7h. 34606 |
| Having been named as registered agent and to acception liability company at the place designated in this certification registered agent and agree to act in this capacity. If statutes relating to the proper and complete performance | ficate, I hereby accept the appointment as further agree to comply with the provisions of all |

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Page 1 of 2

| Fitle: OWNFR. MGR" = Manager MGRM" = Managing Member | Name and Address: |
|--|---|
| Morm | LARRY COPENHAVER 6240 DAWBURY ST SPRING HILL 41.34606 |
| | |
| | |
| - | |
| Jsc attachment if necessary) rticle V: Effective Date his limited liability company EQUIRED SIGNATURE: | effective date will be: January 1, 2004 |
| Signature of a | Member or an authorized representative of a member. |
| of this documer that the facts sta | with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury ated herein are true.) COPENHAVER Typed or printed name of signee |
| ,- | Typed or printed name of signee Filing Fees: \$100.00 Filing Fee for Articles of Organization |

Page 2 of 2