

**W04 000015553**

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.**

((H04000042358 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 : ACCOUNTING & BEYOND  
Account Number : I19990000223  
Phone : (813) 998-9800  
Fax Number : (813) 935-9982

RECEIVED  
TALLAHASSEE, FLORIDA

04 FEB 26 AM 9:10

FILED

**LIMITED LIABILITY COMPANY**

**FRANKIE AMMONS WELDING, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

DIVISION OF CORPORATIONS

04 FEB 26 PM 3:53

RECEIVED

Electronic Filing Menu

Corporate Filing

Public Access Help

**W04-15553**  
**AR**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I-Name:**

The name of the Limited Liability Company is:

**FRANKIE AMMONS WELDING, LLC****ARTICLE II- Address:**

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

**11311 PELL CT., DADE CITY, FL 33525-1786****ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**FRANKIE AMMONS**

Name

**11311 PELL CT.**

Florida Street Address

**DADE CITY, FL 33525-1786**

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, F. S.*



Signature/Registered Agent

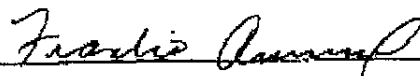
**2-25-04**

Date

**Article IV Management (Check box if applicable.)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager managed company.

(An additional article must be added if an effective date is requested)



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.)

**FRANKIE AMMONS**

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 FEB 26 AM 9:30

FILED