W400052533

· 00855-02827-
Howie's Welding 157 Hamilton Circle Crestview, FL 32539
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 11, 2004

HOWIE'S WELDING 157 HAMILTON CIRCLE CRESTVIEW, FL 32539

SUBJECT: HOWIE'S WELDING, LLC

Ref. Number: W04000022687

We have received your document for HOWIE'S WELDING, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 804A00039677

Michelle Hodges Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		lding, LLC	
ARTICLE II - A The mailing add	Address: ress and street address of the p	orincipal office of the Limi	ted Liability Company
Principal Office		Mailing Addre	
151 Hami	Hon Circle	151 Ha	milton Circle
Crestview,	FL 32539	Cestvieu	U,FL 38539
ARTICLE III - The name and the	Registered Agent, Registered e Florida street address of the	d Office, & Registered A registered agent are:	gent's Signature:
	Houard E.	Reeves Jr.	04 JUL
	157 Hamilton	Circle	- -
	Florida street address (P.	O. Box <u>NOT</u> acceptable)	
··	Crestview City, State,	FLORIDA 325:	34 🚆 🖁
,			
any at the place desi	gistered agent and to accept ser ignated in this certificate, I here	eby accept the appointment	as registered agent and
o act in this capacity	v. I further agree to comply wit e of my duties, and I am familig	th the provisions of all statu	ites relating to the prop
regis.	tered agent as provided for in (A wyn und accept the oblig Mapter 608, Florida Statut	cations of my position as es

Page 1 of 2 (CONTINUED)

<u>litle:</u>	Name and Address:
MGR" = Manager MGRM" = Managing Member	
M	11 07 -
111gc	Howard Reeves Jr 157 Hamilton Circle
	by Hamilton Circle
en e	Clestinew, FL 32637
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Use attachment if necessary)	
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	t be added it an effective date is requested.
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	an authorized representative of a member.
Signature of member or	an authorized representative of a member.
Signsture of member or (In accordance with section of this document constitute	an authorized representative of a member. 1608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury
Signature of member or	an authorized representative of a member. 1608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury

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)