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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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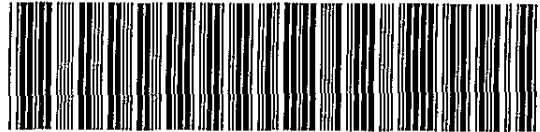
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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✓ 09/27/04

EFFECTIVE DATE

9/20/04

up

M. L. Medeiros  
211 Wooten Road  
Lutz FL 33548

September 20, 2004

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Gentlemen:

Enclosed are the Articles of Organization for

M. L. Medeiros Repair Welding LLC

and our check in the amount of \$125.00 to cover the Filing Fee (\$100.00) and Designation of Registered Agent (\$25.00).

Sincerely,

  
Organizer

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**ARTICLES OF ORGANIZATION**  
**for**  
**M. L. Medeiros Repair Welding LLC**  
**(A Florida Limited Liability Company)**

**ARTICLE 1 - Name**

The name of this Limited Liability Company is M. L. Medeiros Repair Welding LLC.

**ARTICLE 2 - Address**

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

211 Wooten Road  
Lutz, FL 33548

**ARTICLE 3 - Registered Agent**

The name and street address of the registered agent is


S. L. Stafford  
15951 North Florida Avenue  
Lutz, Florida 33549

**ARTICLE 4 - Management**

This Limited Liability Company is to be managed by one manager, and is therefore a manager-managed company.

**ARTICLE 5 - Effective Date**

The effective date for beginning of business for this Limited Liability Company is to be ~~2004~~ 9-20-04.

 20 Sept 04  
Signature Date

( I understand that in accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

M. L. Medeiros, signer

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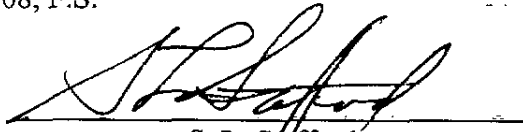
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## ACCEPTANCE OF SERVICE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for

M. L. Medeiros Repair Welding LLC

at the place designated in the attached Articles of Organization, 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 complete and proper 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.

  
S. L. Stafford  
15951 N. Florida Ave.  
Lutz, FL 33549

9-20-04  
Date

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