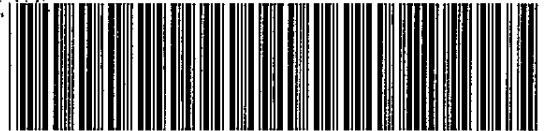


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TO: Registration Section
Division of Corporations

SUBJECT: JACK L. MCGOWAN PORTABLE WELDING SERVICE
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACK L. MCGOWAN
(Name of Person)

JACK L. MCGOWAN PORTABLE WELDING SERVICE
(Firm/Company)

949 WAGNER PLACE
(Address)

FORT. PIERCE FLORIDA 34954
(City/State and Zip Code)

For further information concerning this matter, please call:

JACK L. MCGOWAN at (772) 359-9875
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

FAX AUDIT # _____

**ARTICLES OF ORGANIZATION
OF
Jack L. McGowan Portable Welding Service, LLC**

FILED

2005 AUG 29 P 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the limited liability company shall be: **Jack L. McGowan Portable Welding Service, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 949 Wagner Place , Fort Pierce, Florida 34954.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Russell Akins, Smith, Alonso & Akins 101 N. US Hwy. 1 209 Arcade Bldg., Fort Pierce, Florida 34950. Located in the County of St. Lucie.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2045.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Jack L. McGowan, P.O. Box 637 , Fort Pierce, Florida 34954-637


Jack L. McGowan Portable Welding Service, LLC

Prepared by Jack L. McGowan Portable Welding Service, LLC, 949 Wagner Place , Fort Pierce, Florida 34954

FAX AUDIT # _____

FAX AUDIT # _____

CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

FILED

2005 AUG 29 P 4:13

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA,
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Jack L. McGowan Portable Welding Service, LLC**

The name and address of the registered agent and office is Russell Akins, Smith, Alonso & Akins 101 N. US Hwy. 1 209 Arcade Bldg., Fort Pierce, Florida 34950. Located in the County of St. Lucie.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____

Russell Akins

Date: 8/22/05

SMITH, ALONZO & AKINS, P.A.
101 N. US 1, SUITE 209
FT. PIERCE, FL 34950

FAX AUDIT # _____