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(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Consideration to Filling Office	٦
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEVE ROYA'S MOBILE WELDING + FABRICATION LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

r rease return air correspo	muence concerning uns matter	to me tonowing:	
ST	EVE ROYA		
	7)	lame of Person)	
	•		
STEVE A	ROYA'S MOBILE	TWELDING & F.	ABRICATION LLC
4868	FLAMMERO DK	?.	TASE OF T
			N 28
<u> </u>	MES CITY F	State and Zip Code)	PM 3: 03
For further information c	oncerning this matter, please c	all:	D3
STEVE (Name	RoyA of Person)	at (239)283 (Area Code & Daytime Tel	0913 Jephone Number)
Enclosed is a check for	r the following amount:		
S125.00 Filing Fee	■ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STEVE ROYA'S MOBILE WELDING & FABR, CATION LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
4868 FLAMINGO DR.	STELL MOBILE WBULNG + FABRICATION
STEVE ROYAL MODILE WELDING HARROW	TWILL ST. JAMES CITY FL 33856
ARTICLE III - Registered Agent, Regi	istered Office, & Registered Agent's Signatura:
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	m Registered Agent. You must designate an individual of Another

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

STEVE KOYA

Florida street address (P.O. Box NOT acceptable

ST. SAMES CITY FL 33956

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: ___ _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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.) Typed or printed name of signee

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)