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(Re	equestor's Name	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	,

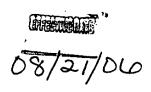
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O6 AUG 23 PH 1: 4C SECRETARY OF STATE TALL AHASSEE, FLORIDA



COVER LETTER

TO:	Registration Section Division of Corporations	•
SUBJE	CCT: J's Mobile Welding, LLC (Name of Lim	ited Liability Company)
The end	closed Articles of Organization and fee(s) are	e submitted for filing.
Please r	return all correspondence concerning this ma	tter to the following:
•	John J. McCubbin	
		(Name of Person)
•	J's Mobile Welding, LLC	
		(Firm/Company)
_	P.O. Box 2549	
		(Address)
	LaBelle, FL 33975	
•	(0	ity/State and Zip Code)
For furt	ther information concerning this matter, plea	se cali:
John	J. McCubbin	at (863) 673-4709
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	ed is a check for the following amount:	
\$125	6.00 Filing Fee \$130.00 Filing Fee Certificate of Status	& ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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	:
J's Mobile Welding, LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liabilit	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
850 Ford Road LaBelle, FL 33935	P.O. Box 2549 LaBelle, FL 33975
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
John J. McCubbin	
Name	
850 Ford Road	
	dress (P.O. Box <u>NOT</u> acceptable)
LaBelle	FL 33935
City, State,	·
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete po	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
Registered Agent's Signa	ture (REQUIRED) TABLETA TABLETA TABLETA TABLETA TABLETA

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	John J. McCubbin
	850 Ford Road
	LaBelle, FL 33935
(Use attachment if necessary)	
	the date of filing: August 21, 2006 . (OPTIONA at be specific and cannot be more than five business day
REQUIRED SIGNATURE:	
/ /	1 001 4 M 2

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

John J. McCubbin

that the facts stated herein are true.)

Typed or printed name of signee