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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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DIVISION OF CORPORATIONS

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|--------|------------------------------------|----------------------------------|--|--|
| SUBJI | ECT: AJM FA | ABRICATION & WELL | | |
| | | (Name of Limited | Liability Company) | |
| The cn | nclosed Articles of | f Organization and fec(s) are st | abmitted for filing. | |
| Please | return all corresp | ondence concerning this matte | r to the following: | |
| | ANTHONY | J. MECCA | | |
| | | (1 | Name of Person) | |
| | AJM FABR | ICATION & WELDIN | NG, LLC | 0 |
| | | (| Firm/Company) | 0 |
| | 10018 SP | ANISH ISLES BLV | <u> </u> | 06 DEC 20 |
| | | | (Address) | <u> </u> |
| | BOCA RA | TON, FL 33498 | | • |
| | | | /State and Zip Code) | <u></u> |
| For fu | rther information | concerning this matter, please | call: | |
| ANT | HONY J. ME | ECCA | at (561) 212-9936 | 6 |
| | (Name | of Person) | (Area Code & Daytime Te | elephone Number) |
| | | | | |
| Enclo | sed is a check fo | or the following amount: | | |
| | sed is a check fo | _ | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| | ION & WELDING, LLC | · · · · · · · · · · · · · · · · · · · |
|--|---|--|
| Must end with the wo | ords "Limited Liability Company | "Limited Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - A | Address: | |
| The mailing add | ress and street address of | the principal office of the Limited Liability Company is: |
| Principal Office | Address: | Mailing Address: |
| 10018 SPANISH ISI | LES BLVD. A-10 | 10018 SPANISH ISLES BLVD. A-10 |
| BOCA RATON, FL 33498 | | |
| ARTICLE III - The Limited Liability | Registered Agent, Regi | stered Office, & Registered Agent's Signature: 8 |
| ARTICLE III - The Limited Liability business entity with a | Registered Agent, Registered Agent, Registered Agent, Registration.) | stered Office, & Registered Agent's Signature: 6 n Registered Agent. You must designate an individual or another The registered agent are: |
| ARTICLE III - The Limited Liability business entity with a | Registered Agent, Registered Agent, Registered Agent, Registration.) | stered Office, & Registered Agent's Signature: Some Registered Agent. You must designate an individual or another Office. The Registered Agent are: |
| ARTICLE III - The Limited Liability business entity with a | Registered Agent, Registered Agent, Registered Agent, Registration.) e Florida street address of | stered Office, & Registered Agent's Signature: Some Registered Agent. You must designate an individual or another Office. The Registered Agent are: |
| ARTICLE III - The Limited Liability business entity with a | Registered Agent, Registered Agent, Registered Agent, Registration.) e Florida street address of | stered Office, & Registered Agent's Signature: 6 n Registered Agent, You must designate an individual or another of the registered agent are: |
| ARTICLE III - The Limited Liability business entity with a | Registered Agent, Registered Agent, Registered Agent, Registration and active Florida registration.) e Florida street address of SANDRA C. MECCA 19601 SEDGEFIELD | stered Office, & Registered Agent's Signature: 6 n Registered Agent, You must designate an individual or another of the registered agent are: |
| ARTICLE III - The Limited Liability business entity with a | Registered Agent, Registered Agent, Registered Agent, Registration and active Florida registration.) e Florida street address of SANDRA C. MECCA 19601 SEDGEFIELD | stered Office, & Registered Agent's Signature: 6 n Registered Agent. You must designate an individual or another CC 20 PROPERTY OF REGISTER OF REGISTE |

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)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| MGR | ANTHONY J. MECCA | |
|---------------------------------------|---|-----------------|
| | 10018 SPANISH ISLES BLVD. A-10 | |
| | BOCA RATON, FL 33498 | |
| MGRM | SANDRA C. MECCA | |
| | 19601 SEDGEFIELD TERRACE | |
| | BOCA RATON, FL 33498 | |
| | | 06 DEC 20 MIL 3 |
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| (Use attachment if necessary) | | |
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| | than the date of filing: | |
| | must be specific and cannot be more than five b | usiness days p |
| days after the date of filing.) | | |
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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.)

ANTHONY J. MECCA

Typed or printed name of signce

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)