6070000005314

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	e)
(Doc	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
	,	

Office Use Only



100082429341

01/12/07--01012--003 **72.50

12/13/06--01013--016 **87.50

SECRETARY OF STATE SICRETARY OF STATE ON OF CORPORATIONS

Wolf DEC 1 4 2006

JAN 1 6 2007



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2006

MAURICE MCKENZIE 7960 HAMPTON BLVD 413 N. LAUDERDALE, FL 33068

SUBJECT: WEST HARBOR WELDING L.L.C.

Ref. Number: W06000053867



We have received your document for WEST HARBOR WELDING L.L.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$72.50.

You completed the wrong form,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 806A00071151

COVER LETTER

	ristration Section rision of Corporations	
SUBJECT:	WEST HARBOR WELDING L.L.C. (Name of Limited Liability Company)	
The enclose	d Articles of Organization and fee(s) are submitted for filing.	므
Please return	a all correspondence concerning this matter to the following:	SECR VISIO
Μ	AURICE MCKENZIE (Name of Person)	SECRETARY ISSOR OF CO
	(Name of Person)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
W	ERT HARBOR WELDING L.L.C.	PH 3: 01
		1 35
7	960 Hampton blud 413 (Address)	_ _
Ŋ	760 Hampton blud 413 (Address) (Address)	
- -	(City/State and Zip Code)	
For further	nformation concerning this matter, please call:	
MAUK	(Name of Person) at (954) 696 4984 984 84 (Area Code & Daytime Telephone Number)	;86 1069
	a check for the following amount: \$ 72.50	
\$125.00	Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & }\bigcup \\$155.00 \text{ Filing Fee & }\bigcup \\$160.00 \text{ Filing Fee & }\bigcup \\$Certificate of Status & \bigcup \\$Certificate of Status & \bigcup \\$Certified Copy \\ (additional copy is enclose)	ζ΄
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	OT J
WEST HARBOR WELDING (Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7960 Hampton Blud 413 N. Lauderdale FC 33068 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	7960 Hampion blud 413. N. Laudardale EL 33068 Office, & Registered Agent's Signature: ared Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Maurice Mke Name	•
7960 Hampton blud Florida street addi	ress (P.O. Box <u>NOT</u> acceptable)
N. Lauderdalc City, State, at	FL 35068 nd 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) Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
Manage-	MAURICE MCKENEIC 7960 Hampton blud 413 N. LAUderdale F1 33068
	07 JAN 16 PM 3: 0
(Use attachment if necessary)	
ICLE V: Effective date, if other the	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days p
90 days after the date of filing.) REQUIRED SIGNATURE:	member or an authorized representative of a member.
90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume that the facts	ce McKenzie

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

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