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(Requestor's Name)				
(Address)				
(Address)				
(Cityl/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				





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SECRETARY OF STATE
TALLAHASSEE FISIALE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HENDERSON Welding Fablication 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:	
Milton Henderson Jr Francisco (Name of Person)	1
PSS P	
511 Pattylynn Dr	
Tallahassee F1 32315	
(City/State and Zip Code)	
For further information concerning this matter, please call: M. Hon Hendel 500 J(at (250) 656 2413 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}} \$\text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additional copy is enclosed)}}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

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

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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A D	TICL	D I	Na	ma
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The name of the Limited Liability Company is:

Henderson Welding + Fabrication LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Ad	dress:		
9021 Wabler st	_511	Partylynn Dr		
Tallahassee F1 3231	5 7211	thassee FT 32315		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)				

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

Milton Stenderson

Name

9021 Wabler St

Florida street address (P.O. Box NOT acceptable)

Tallahasse eft 32315

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 futies, 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 Member MG-M	Name and Address:		
	Milton Henderson 9021 Wabler 57 Tallahassee Fl 32315		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior		
REQUIRED SIGNATURE:			
(Injaccordance with sec of this document consti that the facts stated h	er/or an authorized representative of a member. Etion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.		
Ty Filing Fees:	ped or printed name of signee		
\$125.00 Filing Fee for Articles of Orga	nization and Designation		

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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