Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

Effective Date

8/13/0

From:

Account Name : HAILE, SHAW &PFAFFENBERGER, P.A.

Account Number : 076326003550 Phone : (561)627-8100 Fax Number : (561)622-7603

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED
7 AUG 13 PH 3: 10
SECRETAR OF STATE
ALLAHASSEE, FLORIDA

West Palm Beach Welding Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2007 AUG 13 AM 11: 32
SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

The name of the Limited Liability Company	Effective Date 813/01
West Palm Beach Welding Service	ces LLC.
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7413 43rd Drive North #521	same
Riviera Beach Florida 33404	
	18 18 18 18 18 18 18 18 18 18 18 18 18 1
ARTICLE III - Registered Agent, Register The Limited Linbility Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
(The Limited Linbility Company cannot serve as its own Re	egistered Agent. You must designate an individual or another
(The Limited Linbility Company cannot serve as its own Rebusiness entity with an active Florida registration.)	egistered Agent. You must designate an individual or another ne registered agent are:
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You must designate an individual or another ne registered agent are: . Tinker
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Matthew C	ne registered agent are: Tinker
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Matthew C Name Name Name Name Name Name Name Name	ne registered agent are: Tinker
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Matthew C Name Name Name Name Name Name Name Name	egistered Agent. You must designate an individual or another ne registered agent are: Tinker ne Street address (P.O. Box NOT acceptable)

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:

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR Matthew C Tinker	7413 43rd drive north Riviera Beach Florida 33404
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
ARTICLE V: Effective date, if other th	an the date of filing: 08/13/07 . (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Matta Signstare of a w	nember or an authorized representative of a member.
(In accordance v of this document	with section 608.408(3), Florida Statutes, the execution toonstitutes an affirmation under the penalties of perjury stated herein are true.)
1 8 - 14 - 1 - 1 - 1	> Timber

Matthew C Tinker

Typed or printed name of signee

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)

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