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COVER LETTER

TO: Registration Section Division of Corporation	ns		
SUBJECT: Millins	Welding	Liability Company)	
•			
The enclosed Articles of Organiz	tation and fee(s) are s	ubmitted for filing.	•
Please return all correspondence	concerning this matte	er to the following:	
Jerem	- Ph-11:		
	1	Name of Person)	
- Phillips	5 Weldi	nc) (_C	
	(Firm/Company)	
11768 3	oright 5	itar Cir	
		(Address)	
_lallahas	seo, 7/	52305	
	(City	/State and Zip Code)	
For further information concernit	ig this matter, olease	call:	
			7/1 - 0
Jereny M	11/1/2	at (\(\frac{\color 50}{\text{(Area Code & Daytime Teleptors)}}\)	8670
(Name of Person	, ,	(Area Code & Daytime Telep	bhone Number)
Enclosed is a check for the fol	lowing amount:		
\$125.00 Filing Fee \$\$130 Certi	.00 Filing Fee & [ficate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	g Address ation Section on of Corporations ox 6327 assee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cit Tallahassee, FL 32301	rele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11768 Bright Star Cir Tall, +1 32863	117 (8 Bright star C.V
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re Name Florida street address City, State, an	gistered agent are: SECRETARY OF STATE SECRE
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as regist	ccept service of process for the above stated limited is certificate. I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

The name and address of each Mar <u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	Joren Phillips 11768 Bright Stor (1) Tall F132305
(Use attachment if necessary)	
CLE V: Effective date, if other than t	he date of filing: (OPTIONAL) be specific and cannot be more than five business days p
CLE V: Effective date, if other than t effective date is listed, the date must 00 days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days p
CLE V: Effective date, if other than t effective date is listed, the date must 00 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with of this document conthat the facts state	section 408.408(3), Florida Statutes, the execution estitutes an affirmation under the penalties of perjury
CLE V: Effective date, if other than t effective date is listed, the date must 00 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with of this document con	section (#8.408(3), Florida Statutes, the execution estitutes an affirmation under the penalties of perjury d herein are true.)

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