

L11000029057

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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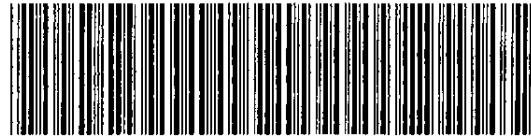
(Business Entity Name)

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FILED
2011 MAR -8 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 9 2011

EXAMINER



John T. Driscoll, P.A.

Certified Public Accountant / MBA

825 SE 3rd Ave, Suite 200

Ocala, FL 34471

Member FICPA

Telephone (352) 622-5664

Fax (352) 671-5373

E-mail: cpa@jtdriscollcpa.com

March 7, 2011

**Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314**

To Whom It May Concern:

Enclosed please find original and one (1) copy of the Article of Organization for Duarte Mobile Welding & Repair LLC

I have enclosed a check in the amount of \$125.00 to cover the costs as follows:

Article of Organization filing fee	<u>\$ 125.00</u>
Total	\$ 125.00

Please forward a stamped copy of the Article of Organization to the below address:

**John T. Driscoll C.P.A., P.A.
825 SE 3rd Ave, Suite 200
Ocala, Florida 34471**

Thank you in advance for your kind and prompt attention to this matter, and if you should have any questions please call me at (352) 622-5664.

Sincerely,


John T Driscoll CPA

Enclosures

**ARTICLES OF ORGANIZATION
FOR
DUARTE MOBILE WELDING & REPAIR LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber(s) to these Articles of Organization, each a natural person competent to contract, hereby associate themselves together to form a limited liability company under the Laws of the State of Florida.

ARTICLE I. - NAME

The name of this limited liability company is:

DUARTE MOBILE WELDING & REPAIR LLC

ARTICLE II. - MAILING ADDRESS

The mailing address and the principal office address are the same.

**6 ALMOND TRAIL COURT
OCALA, FLORIDA 34472**

ARTICLE III. - REGISTERED AGENT

**OSNIEL DUARTE
6 ALMOND TRAIL COURT
OCALA, FLORIDA 34472**

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..

Signature


OSNIEL DUARTE

Registered Agent

Date

3-7-11

ARTICLE IV. - MANAGING MEMBERS

**OSNIEL DUARTE
6 ALMOND TRAIL COURT
OCALA, FLORIDA 34472**

ARTICLE V. - TERMS OF EXISTENCE

This Limited Liability Company is to exist perpetually. The effective date of this Limited Liability Company shall be **MARCH 7, 2011**

Signature _____

**OSNIEL DUARTE
MGRM**

Date _____

3-7-11

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TALLAHASSEE, FLORIDA