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PICK-UP WAIT MAIL					
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(Document Number)					
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SECRETARY OF STATE

K.SALY EXAMINER APR 13 2012

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: STEVES MOBILE WELDING + FABRICATION 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:
STEVE ROLD Name of Person
STEVES MOBILE WELDING + FABRICATION
12910 CRISTI WAY
Address
BOKEELLA, PL 33922
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEVE ROUA at 876-0128
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$
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

The name of the Limited Liability Company is: STEVES MOBILE WELDING + FARRICATION 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 Address:

ARTICLE I - Name:

12910 CRISTIWAY BOKEELIA, FL 339	°22_	12910 CK BOKEELIA	IST WAY	Z
ARTICLE III - Registered Age (The Limited Liability Company cannot ser business entity with an active Florida regi	ve as its own Regis	d Office, & Register stered Agent. You must desi	ed Agent's Signat	ure: other
The name and the Florida street	address of the	registered agent are:	三	2.78 下
_57	FUE Name	COYA		12 15
129,	O CRIST	TWAY Idress (P.O. Box NOT ac		TING THE STATE OF
₽ok	EELLA	FL 3392	2	26 Aller All

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 Member MG-R STEVE ROYA 12910 CRISTI WAY BOKEGUA, FL 33922 (Use attachment if necessary)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized epresentative of a member.

ARTICLE V: Effective date, if other than the date of filing: ________. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

TEVE KOYA

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)