

415000005196

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Special Instructions to Filing Officer:

W14-72035

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 09 2015  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 3, 2014

TIMOTHY BLOYE  
2114 POINCIANA TERRACE  
CLEARWATER, FL 33760

SUBJECT: DIVERSIFIED WELDING AND FABRICATION, LLC  
Ref. Number: W14000072035

We have received your document for DIVERSIFIED WELDING AND FABRICATION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 414A00025415

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DIVERSIFIED WELDING AND 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:

TIMOTHY BLOYE  
Name of Person

DIVERSIFIED WELDING AND FABRICATION, LLC  
Firm/Company

2114 POINCIANA TERRACE  
Address

CLEARWATER, FL 33760  
City/State and Zip Code

BTIM1@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIM BLOYE at ( 727 ) 400 0559  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate 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)

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

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIVERSIFIED WELDING AND 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:

2114 POINCIANA TERRACE  
CLEARWATER, FL 33760

Mailing Address:

2114 POINCIANA TERRACE  
CLEARWATER, FL 33760

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Anthony J. Smith / Adamant Construction Inc.  
Name

5454 38<sup>th</sup> Ter. N. 3

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

St. Petersburg FL 33710  
City 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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

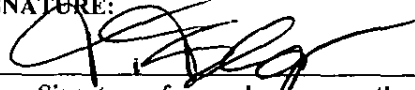
TIMOTHY BLOYE  
2114 POINCIANA TERRACE  
CLEARWATER, FL 33760

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JAN. 1, 2015 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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

(In accordance with section 605.0203 (1) (b), 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.)

TIMOTHY BLOYE

Typed or printed name of signer

**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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