

L15 00 0070407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

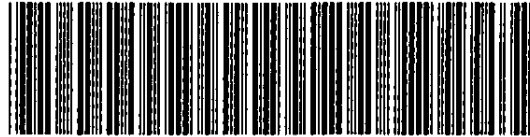
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300271441433

04/10/15--01003--004 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR 10 AM 11:07

FILED

APR 22 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Welsh Home Cleanup and Maintenance 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:

Gary M. Welsh

Name of Person

Welsh Home Cleanup and Maintenance LLC.

Firm/Company

6144 John Nix road

Address

Crestview, Florida 32539

City/State and Zip Code

gmwelsh1958@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary M. Welsh

Name of Person

at ( 850 )

Area Code

398-6113

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Welsh Home Cleanup and Maintenance 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:

6144 John Nix road  
Crestview, Florida  
32539

Mailing Address:

6144 John Nix road  
Crestview, Florida  
32539

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:

Gary M Welsh  
Name  
6144 John Nix road  
Florida street address (P.O. Box NOT acceptable)  
Crestview FL 32539  
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..*

Gary M Welsh  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
15 APR 10 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

AmBR

Gary M. Welsh  
6144 John Nix road  
Crestview, FL 32539

Deborah K. Welsh  
6144 John Nix road  
Crestview, FL 32539

(Use attachment if necessary)

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 to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Gary M. Welsh

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.)

Gary M. Welsh

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)

15 APR 10 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA