

L15000096881

(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:

W15-34141

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 04 2015
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2015

WILLIAM D. WOLFERMAN
1327 ALFONZO CIR
WINTER SPRINGS, FL 32708

SUBJECT: WELDING SOLUTIONS OF CENTRAL FLORIDA, LLC
Ref. Number: W15000034141

We have received your document for WELDING SOLUTIONS OF CENTRAL FLORIDA, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, 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: 715A0001010

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WELDING SOLUTIONS OF CENTRAL FLORIDA, 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:

WILLIAM D. WOLFERMAN

Name of Person

WELDING SOLUTIONS OF CENTRAL FLORIDA, LLC

Firm/Company

1327 ALFONZO CIR

Address

WINTER SPRINGS, FL 32708

City/State and Zip Code

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

For further information concerning this matter, please call:

WILLIAM D. WOLFERMAN 407 421-1928
at ()
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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WELDING SOLUTIONS OF CENTRAL FLORIDA, 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:

WELDING SOLUTIONS OF CENTRAL FLORI
1327 ALFONZO CIR
WINTER SPRINGS, FL 32708

Mailing Address:

WELDING SOLUTIONS OF CENTRAL FL
1327 ALFONZO CIR
WINTER SPRINGS, FL 32708

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:

WILLIAM D. WOLFERMAN

Name

1327 ALFONZO CIR

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

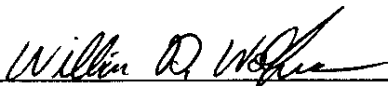
WINTER SPRINGS, FL 32708

City

State

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBER

Name and Address:

WILLIAM D. WOLFERMAN

1327 ALFONZO CIR

WINTER SPRINGS, FL 32708

MGR

WILLIAM D. WOLFERMAN

1327 ALFONZO CIR

WINTER SPRINGS, FL 32708

(Use attachment if necessary)

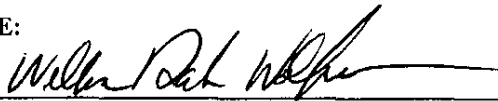
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

William Dale Wolferman

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)