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TO: Registration Section Division of Corporations		
SUBJECT: Steve's Portable Welding 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:		
Stephen Kangaloo Name of Person		
Stevers Portable Welding		
4665 Cumbrian Lake Brive		
City/State and Zip Code Skangaloo 62 p gmail. com. E-mail address: (to be used for future annual report notification)	16 0	7.EC
For further information concerning this matter, please call:	<i>2</i> 2	31 31
Stephen Kangalmat (407) 460-6656 Name of Person Area Code Daytime Telephone Number	0 61 1:38	and
Enclosed is a check for the following amount:		,
\$125.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	ed)	

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Steve's Portable Welger (Must end with the words "Limited Liability Co	ding LLC.
(Must end with the words "Limited Liability C	Company الحبيل.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:
4665 Cumbrian Lakes Dr Kissimmee FL 34742	465 Cumbrian Lakes
KISSIMMER FL SUTUA	KISSIMMER FL ZUTEL

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

ARTICLE I - Name:

(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:

Sharph Kangaloo

Name

4665 Cumbrian Lalles Do

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

KISSIMMEE FL 34746

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)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBRE MAR	Stephen Koingaloo 4665 Cumbrian Zakes Dri Hissimmee, FL 34746
	HISSIMMEE, PE SUITE
(Use attachment if necessary)	
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