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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: KIND Warne of Lin	elding Service LLC. nited Liability Company
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Kenneth	Name of Person
Kenny Weld	ding Service LLC. Firm/company
2101 NW /	05st Address
- Miami,	FL 33147 City/State and Zip Code
KW130030	5 @ yando. Com I for future annual report notification)
For further information concerning this matter, pleas	•
ror turner mormation concerning ans matter, preas	e can.
Kenneth Wilson (786, 541-4077 Trea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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:

Kenny Welding Service LLC.

(Must contain 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:
2101 NW 105St	2101 NW 105st
Miami FL 33147	Miami, FL 33147

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:

| Kenneth | VII | Son |
| Name |
| Plorida street address (P.O. Box NOT acceptable) |
| Miami | FL | 33 | 47 |

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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Kenneth Wilson 201 NW 1055t Miami, FL 33147
	
	ate of filing: 04/23/2018 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
te date of filing.) Note: If the date inserted in this block does not be document's effective date on the Department.	ot meet the applicable statutory filing requirements, this date will not be listed out of State's records.
RTICLE VI: Other provisions, if any.	
,	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 1 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.

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)