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# **COVER LETTER**

	ew Filing Section livision of Corporations		
SUBJECT	WELDIN' WILLY, LLC		
SUBJECT		Limited Liabili	ty Company
The enclos	sed Articles of Organization and fee(s	) are submitted	for tiling.
Please retu	irn all correspondence concerning this	s matter to the fo	ollowing:
	WILLIAM TOMLINSON		
		Name of	Person
	WELDIN' WILLY, LLC		
		Firm/Cor	npany
	9864 W. POPLAR STREET		
		Addre	ess
	CRYSTAL RIVER, FL 34428		
	slickweldwilly@gmail.com	City/State and	l Zip Code
•	E-mail address: (to be u	sed for future ar	nnual report notification)
For further i	nformation concerning this matter, ple	ease call:	
	WILLIAM TOMLINSON	352	220-3364
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
<b>S125.00</b> Fi	lling Fee \$130.00 Filing Fee & Certificate of Status	LCertifie	Stiling Fee & Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations	1	Street Address New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	2	Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WELDIN' WILLY, LLC		
(Must contain the words "Limited Liabili	ty Company, "L.I.,C.," or "LI,C.")	
RTICLE II - Address:		
e mailing address and street address of the principal office o	f the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
9864 W. POPLAR STREET	SAME AS MAILING	
CRYSTAL RIVER, FL 34428		
RTICLE III - Registered Agent, Registered Office, & Reg he Limited Liability Company cannot serve as its own Regist		
other business entity with an active Florida registration.)	A'⊗ ∏is	201
the district entry with an active to the active to the	( - · · · · · · · · · · · · · · · · · ·	9
·	are:	7
·	are:	2018 MAY -1
ne name and the Florida street address of the registered agent		MAY-4

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..

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

State

CRYSTAL RIVER City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-			
The name and address of each person authorized to	o manage	and control the Limited Liability Compan	y:

"AMBR" = Authorized Member "MGR" = Manager WILLIAM TOMLINSON - MGR   ORYSTAL RIVER, FL 34428
CRYSTAL RIVER, FL. 34428
<del></del>
<del></del>
(Use attachment if necessary)
ARTICLE V: Effective date, if other than the date of filing: MAY 1, 2018 (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
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 little document's effective date on the Department of State's records.
ARTICLE VI: Other provisions, if any.
The salet provisions, it way.
REQUIRED SIGNATURE:
Signature of a member or an authorized representative of a member

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

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

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)