

L1900004367D

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

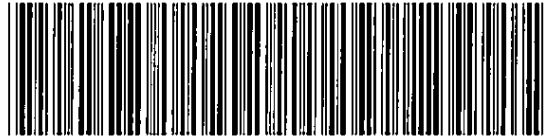
(Document Number)

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

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01/16/19--01008--002 \*\*73.75

2019 FEB 19 PM 3:02  
FALLAP, GARY

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** William Brian Welsh, 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:

W. Brian Welsh

Name of Person

Firm/Company

700 Alhambra Ave

Address

Altamonte Springs, FL 32714

City/State and Zip Code

brian102665@yahoo.com

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

For further information concerning this matter, please call:

W. Brian Welsh      240      350-5851  
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**

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

William Brian Welsh, 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:

14 East Washington St. Suite 600D  
Orlando FL 32801

Mailing Address:

700 Alhambra Ave  
Altamonte Springs FL 32714

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:

W. Brian Welsh

Name

700 Alhambra Ave

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

Altamonte Springs FL 32714

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.*

*W. Brian Welsh*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2018 FEB 19 PM 3:02  
NOTARIAL SEAL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

William Brian Welsh

700 Alhambra Ave

Altamonte Springs FL 32714

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(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.**

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 Brian 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)**

Scott, Tyrone K.

L19000043670

**From:** Brian <brian102665@yahoo.com>  
**Sent:** Thursday, February 21, 2019 9:00 AM  
**To:** Scott, Tyrone K.  
**Subject:** Re: William Brian Welsh LLC

EMAIL RECEIVED FROM EXTERNAL SOURCE

Mr. Scott,

Thank you very much for taking care of me. I see the new entry on SunBiz.

I am unsure if you require it but my EIN is 83-3310198. I saw on SunBiz it said none.

Thanks again, Brian

On Wednesday, February 20, 2019, 2:25:31 PM EST, Brian <brian102665@yahoo.com> wrote:

Mr. Scott,

One more try.

Thanks, Brian

On Wednesday, February 20, 2019, 12:58:55 PM EST, Brian <brian102665@yahoo.com> wrote:

Mr. Scott,

I very much appreciate you taking care of me!

Here are the checks and the form as requested.

W. Brian Welsh  
240-350-5851