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(Re	equestor's Name)	
(Ac	ddress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Welding Services	LLC
Name of Limited Liability Co	ompany
The enclosed Articles of Organization and fee(s) are submitted for fi	ling.
Please return all correspondence concerning this matter to the follow	ring:
Jose David Santander	Dueñas
Name of Perso	on
Firm/Compan	y
12385 SW 129 Ct Unit 8	
12385 SW 129 ct, Unit 8	
Mizmi, FL 33186	
Miami, FL 33186 City/State and Zip Santanderd23@gmail.cor E-mail address: (to be used for future annual	Code
santanderd23@gmail.com	ท
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please call:	
Inca Szintzinder 205 2	17 2072
Jose Santander at (305) 3 Name of Person Area Code Da	artime Telephone Number
Nume of Ferson Area Code 124	aytime receptione reamber
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Co (additional cop	py Certificate of Status &
Mailing Address Stree	et Address
	Filing Section
	ion of Corporations on Building
	Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	::
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The name of the Limited Liability Company is:

Welding Services, 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:

12385 SW 129 Ct, Suite 8 Miami, FL 33186

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:

Jose David Santander Dueñas

12385 SW 129 Ct., Unit 8

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

Miami FLorida 33 (86

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

"MGR" = Manager AHBR"	4 0 10 10
	Jose David Santander Dueñas
	123855W 129 Ct, Unit 8 Highi, FL 33186
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of effective date is listed, the date must be specifite of filing.)	filing: (OPTIONAL) Tic and cannot be more than five business days prior to or 90 days aft
If the date inserted in this block does not mee beament's effective date on the Department of S	t the applicable statutory filing requirements, this date will not be listed
CLE VI: Other provisions, if any.	

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.

Jose David Santander Duchas
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)

REQUIRED SIGNATURE:

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)