Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

K PAGE

Account Name : HUBCO

Account Number : 104662003400

JUL - 8 2020

Phone : (516)935-3940 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____bdickey84.bd@gmail.com

FLORIDA LIMITED LIABILITY CO. **B&C Specialty Welding Services LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

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Help

		H20000213348
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	ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP.	ANY .
104	ARTICLE 1 - Name: The name of the Limited Liability Company is:	• ,
	The hathe of the Chimed Elability Company is.	
	B&C Specialty Welding Services LLC	
	(Must end with the words "Limited Liability Company, "L.L.C.," or "LL	C.")
	ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compan	y is:
	Principal Office Address: Malling Address:	
	529 VISTA WAY LANE EAGLE LAKE, FL 33839 529 VISTA WAY LANE EAGLE LAKE, FL 33839	
	ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designat another business entity with an active Florida registration.)	e an individual or
	The name and the Florida street address of the registered agent are:	
	BRANDON DICKEY	
	Name	
	529 VISTA WAY LANE Florida street address (P.O. Box NOT acceptable)	
	EAGLE LAKE FL 33839	

→ 18506176381

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.,

Zip

Registered Agent's Signature (REQUIRED) **BRANDON DICKEY**

City

(CONTINUED)

Page 1 of 2

H20000213348 3

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	BRANDON DICKEY
	529 VISTA WAY LANE
	EAGLE LAKE, FL 33839
	
(Use attachment if necessary)	
ective date is listed, the date must be sp	e of filing: <u>07/02/2020</u> . (OPTIONAL) secific and cannot be more than five business days prior to or 90 days
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