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(Re	equestor's Name)			
(Ad	ldress)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2020

COREY WEEDMAN 5170 FRISCO ST COCOA, FL 32927

SUBJECT: CURRENT MOBILE WELDING SERVICES LLC

Ref. Number: W20000123780

We have received your document for CURRENT MOBILE WELDING SERVICES LLC and your check(s) totaling \$108.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete articles and balance due is \$16.25. Also, it would be given a 05-11-20 file date, 05-08-20 effective date and abbual report would be due online before May 1, 2021.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 120A00021247

Dear Tyronne Scott,

Here is the completed documents. Keeping Corey Weedman as member and check for \$16.25 to file as Ilc.

I was going to add a member but after talking to my accountant its best to just stay a single member llc.

Please see documents and anything else contact me and let me know.

Cheers,

Corev Weedman

321-223-5658-all prone #

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Carrent Mobile Welding Services L.C. 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:
Carrent Mobile Welding Services LLCo
5170 Frisco St Address
Curoa, FL 32927
Curcent - Mobile Welding Service City (Ca) Yahoo Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Coley Weedman at (321) 233-5658 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐\$125.00 Filing Fee & ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Street Address New Filing Section Division

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:	•	
Current Ma	bile Welding he words "Limited Liability	Services	LLC.
(Must contain t	he words "Limited Liability	Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street addre	ss of the principal office of t	he Limited Liability Co	ompany is.
<u>Principal Q</u>	ffice Address:	<u> </u>	lailing Address:

Principal Office Address:	Miniming Address:	
5110 Faisin St	5170 Frisco St	
Cocoa, FC 32927	(600, FL 32927	

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:

ARTICLE I'- Name:

Corey Weechman
Name

5170 Frisco St

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

Coroca FL 32927

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager All312	Cored Weedman 5170 Frisco St Cocca, FL 32927
If an effective date is listed, the date must be date of filing.)	date of filing: OB-OS-JOJO (OPTIONAL) not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
ARTICLE VI: Other provisions, if any.	
Signature of This document is ea	a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State
constitutes a third d	egree felony as provided for in s.817.155, F.S. ——————————————————————————————————

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

ARTICLE IV-