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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF ANY TALLAHASSES OF A

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: TK Mobile Welding & Fabrication 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:
TIMOTHY J Kellum II. Name of Person
Firm/Company
10345 Brendle Road
Addition
Myakka City, FL 34251
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Timothy (cellum at Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee. 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

TK Mobile Wolding & Fabrication LLC.

(Must contain the words "Limited Liability Company "L.L.C." or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
10345 Brendle Rd	10345 Brenche Rd
MUGKKA CITY FL	MUAKICA CITY, FL
34251	3 425

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:

MYAKKA CITY FL 34251
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)

SECRETARY US ALAR

FILED

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR = Wallager MG 12	Timothy J Kellum II- 10345 Brendle Rd Mygkka City FL 34251	
MGR	EMILY KELLUM 10345 I BREADU Pd Myartea Lity Fla 24751	
(Use attachment if necessary)		
If an effective date is listed, the date must be s he date of filing.)	specific and cannot be more than five business days prior to or 90 of the more than five business days prior to or 90 of the more than five applicable statutory filing requirements, this date will not not of State's records.	·
ARTICLE VI: Other provisions, if any.	SECRITALITY ALITY	<u></u>
REQUIRED SIGNATURE:		1
This document is executed any false.	member or an authorized representative of a member. Statistics. State information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.	3 5
Emily	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)