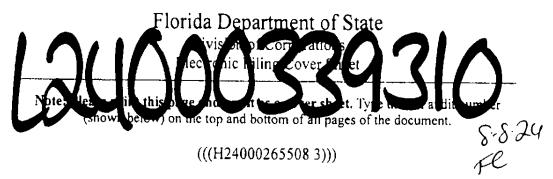
8/7/24, 1:26 PM

Division of Corporations





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From:

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Account Number : I20150000107
Phone : (941)625-1925
Fax Number : (941)625-1526

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

Email Address: tylervinacco@gmail.com

## FLORIDA LIMITED LIABILITY CO.

Fusion 1 Welding, LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		ELDING, LLC		. <u> </u>
(Mus	st contain the words "Limited I	Liability Company,	"L L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the principal o	ffice of the Limited	Liability Company is:	
<u>P1</u>	rincipal Office Address:		Mailing Address:	
	2388 SATURDAY ST		8 SATURDAY ST	
NORTH PORT	Γ, FL 34288	NO	RTH PORT, FL 34288	
ADOUBLE business and			You must designate an individ	uaivi
	th an active Florida registration street address of the registered	agent are:		uai 01
	street address of the registered	agent are: LER VINACCO Name		uai 01
	street address of the registered  TY  2388	n.) agent are: LER VINACCO Name  SATURDAY ST		uai 01
	street address of the registered	n.) agent are: LER VINACCO Name  SATURDAY ST	cceptable)	
	TY  2388  Florida street address	agent are:  LER VINACCO  Name  SATURDAY ST  (P.O. Box NOT a		2024 AUG - 7

(CONTINUED)

<u>Title:</u> "AMBR" = 1 "MGR" = M	Authorized Member anager	Name and Address:	
AMBR	<u></u>	TYLER VINACCO 2388 SATURDAY ST	_
		NORTH PORT, FL 34288	<u>.</u>
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CLEV: Effectiv	ent if necessary) c date, if other than the dat listed, the date must be s	ic of filing:	dave ofter
CLEV: Effective flective date is e of filing.) If the date inser	e date, if other than the dat listed, the date must be s	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not	
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CLE V: Effective date is e of filing.) If the date insercument's effecti CLE VI: Other p	c date, if other than the date listed, the date must be stated in this block does not we date on the Department rovisions, if any.  FUL BUSINESS  SIGNATURE:  Signature of a material and any false.	meet the applicable statutory filing requirements, this date will not to of State's records.  The to 1  member or an authorized representative of a member, which is made on a member or an authorized representative of a member. The determinance with section 605.0203 (1) (b), Florida Statutes, is information submitted in a document to the Department of States are felony as provided for in \$8.17.155. F.S.	2024 AUG - 7