

LO1000019197

174 Paradise Circle  
Jupiter, FL 33458

October 31, 2001

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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-11/05/01--01048--015  
\*\*\*\*130.00 \*\*\*\*130.00

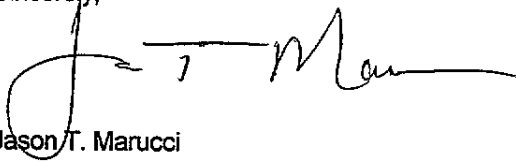
Dear Sir or Madam:

Name: Weston Injury, LLC

Address: 174 Paradise Circle, Jupiter, FL 33458

Telephone: 561.630.5977

Sincerely,



Jason T. Marucci

FILED  
01 NOV -5 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO1-19197  
OK

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

WESTON INJURY, LLC

## ARTICLE II - Address:

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

174 Paradise Circle, Jupiter, FL 33458

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JASON T. MAUCCI  
Name

174 Paradise Circle  
Florida street address (P.O. Box **NOT** acceptable)  
Jupiter FL 33458  
City, State, and 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 608, F.S.*

JASON T. MAUCCI  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

JASON T. MAUCCI  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JASON T. MAUCCI  
Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

FILED  
01 NOV - 5:00 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA