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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : CLARION VENTURES, INC.

Account Number : I20030000026 Phone : (801)721-4788

Fax Number

(801)475-6420

LIMITED LIABILITY COMPANY

Weaver Home Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

JIVISION OF LOKPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - I	Name: e Limited Liability	Company is:
Weaver Home S	ervices LLC	
ARTICLE II - The mailing add		dress of the principal office of the Limited Liability Company is:
Principal Offic	ze Address:	Mailing Address:
1300 Lakeshore	Dríve	1300 Lakeshore Drive
Lorida FL, 33857		Lorida FL, 33857
		······································
ADTICI E EST	- Registered Appr	at, Registered Office, & Registered Agent's Signature:
		ddress of the registered agent are:
	he Florida street at	ddress of the registered agent are:
		ddress of the registered agent are:
	he Florida street at	ddress of the registered agent are:
	he Florida street at Dennis Weaver	ddress of the registered agent are: Name
	Dennis Weaver	name
	Dennis Weaver	ddress of the registered agent are: Name
	Dennis Weaver	Name Pet address (P.O. Box <u>NOT</u> acceptable)
	Dennis Weaver 1300 Lakeshon Florida st	name
The name and t	Dennis Weaver 1300 Lekeshon Florida structure	Name e Drive reet address (P.O. Box NOT acceptable) FLORIDA 33857 City, State, and Zip
The name and t	Dennis Weaver 1300 Lekeshon Florida street ac Lorida,	Name e Drive reet address (P.O. Box NOT acceptable) FLORIDA 33857 City, Stata, and Zip d to accept service of process for the above stated limited liability
The name and t ang been named as r pany at the place de	Dennis Weaver 1300 Lakeshon Florida st Lorida, registered agent and	Name Protected agent are: Name Protected address (P.O. Box NOT acceptable) PLORIDA 33857 City, State, and Zip At to accept service of process for the above stated limited liability of the appointment as registered agent and
The name and t ng been named as r vany at the place de to act in this capac	Dennis Weever 1300 Lekeshon Florida st Lorida, registered agent and esignated in this ceruity. I further agree	Name Proof address (P.O. Box NOT acceptable) FLORIDA 33857 City, Stata, and Zip It to accept service of process for the above stated limited liability of the comply with the provisions of all statutes relating to the proper
The name and t ng been named as r vany at the place de to act in this capac complete performa	Dennis Weever 1300 Lekeshon Florida st Lorida, registered agent and signated in this cervice, of my duties, and	Name Pe Drive Pet address (P.O. Box NOT acceptable) FLORIDA 33857 City, Stata, and Zip It to accept service of process for the above stated limited liability of the comply with the provisions of all statutes relating to the proper ad I amfaniliar with and accept the obligations of my position as
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ARTICLE IV- Manager(s) or Managing Member(s):

that the facts stated herein are true.)

Title:

"MCR" = Manager

"MCRM" = Managing Member

MGR

Dennis Weaver
1300 LAkeshore Drive
Lorida FL, 33857

(Use attachment if necessary)

NOTE: An additional article rapus be added if an effective date is requested.

REQUIRED SIGNATURE:

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

5100.00 Filing Fee for Articles of Organization

- 3 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- 5 5.90 Certificate of Status (Optional)

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DENNIS WEAVER
Typed or printed name of signee