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TRANSMITTAL LETTER

TO: Registration So Division of Co			
SUBJECT: Weller In			
	(Name of Limite	ed Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matter	er to the following:	
Richard	T. Weller		
	(Name of Person)	
Weller Investment G		E: (G	
	(Firm/Company)	
4706 Valley	Hill Court		
		(Address)	
Lakel	and, FL 33813		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Richard T Weller		at (_863) 255-3950	
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	r the following amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
			Ú) _

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Weller Investment Group, LLC			
ARTICLE II - Address:			
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
4706 Valley Hill Court	4706 Valley Hill Court		
Lakeland, FL 33813	Lakeland, FL 33813		
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:		
The name and the Florida street address of the re	gistered agent are:		
the name and me i fortha sheet address of the fe	gistered agent are.		
Richard Weller			
Name			
4706 Valley Hill Court			
Florida street addr	ess (P.O. Box NOT acceptable)		
Lakeland, FL 33813	FL		
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.

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Richard Weller
	4706 Valley Hill Court
	Lakeland, FL 33813
MGRM	John T Weller tte for the John T Weller Revocable
	297 Lake Drive
	Ocalla, FL 34472
(Use attachment if necessary)	
NICOTED An additional autists want	the added if an affective data is manuscated
INCLER: An additional article must	be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

Richard T. Weller

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)