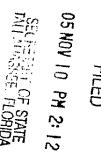


| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | ÷#) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| | Office Use Onl | y Clast |



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COVER LETTER

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|---------------------------------------|---|---|-------------------------------|--------------------|---|
| TO: Registration Se Division of Co | | • | | | |
| SUBJECT: Weisc | om. LLC | | | | |
| SUBJECT: 110.00 | | d Liability Company) | | | |
| The enclosed Articles of | f Organization and fee(s) are s | ubmitted for filing. | | | |
| Please return all corresp | ondence concerning this matte | er to the following: | | | |
| Melissa V | | | | | |
| | (| Name of Person) | | | |
| Weiscorp | , LLC | | | | |
| | | (Firm/Company) | | | |
| 209 Loch | ninvar Drive | | | | |
| | | (Address) | | | |
| | | | | | |
| Fem Par | k, FL 32730 | | | | |
| | (City | /State and Zip Code) | | | |
| | | | | | |
| For further information | concerning this matter, please | call: | | | |
| Melissa Weism | nan | 407 831-26 | 62 | | |
| | of Person) | at (407) 831-26 (Area Code & Daytime T | elephone Number) | | |
| · | · | | Zo | 200 | |
| Enclosed is a check for | or the following amount: | | | 05 NOV 10 PH 2: 12 | |
| _ | | Charce oo Ever and | | = | |
| \$125.00 rung ree | S130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy | S 160.00 Filing Fee | 0 | |
| | Certificate of Francis | (additional copy is enclosed) | Certified Copy 77 71 | P | |
| | | | (additional copy is enclosed) | 2 | _ |
| | | | ŞA | | |
| | Madine Address | Street/Courier Addres | <u></u> | N | |
| | Registration Section Division of Corporations | Registration Section Division of Corporatio | ms. | | |
| | P.O. Box 6327 | Clifton Building | ne ar | | |
| | Tallahassee, FL 32314 | 2661 Executive Center | · Circle | | |
| | | Tallahassee, FL 32301 | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|---|---|--------------|
| The name of the Limited Liability Company is: | | |
| | | |
| Weiscorp, LLC | | |
| (Must end with the words "Limited Liability Company, "Limite | d Company" or their abbreviation "LLC," or "L.C.,") | |
| ARTICLE II - Address: | | |
| The mailing address and street address of the pri | incipal office of the Limited Liability Company is | : |
| Principal Office Address: | Mailing Address: | |
| 209 Lochinvar Drive | Same as Principal Office | |
| Fern Park, FL 32730 | | |
| | | |
| ARTICLE III - Registered Agent, Registered (The Limited Limbility Company cannot serve as its own Regista business entity with an active Florida registration.) The name and the Florida street address of the re- | ered Agent. You must designate an individual or another | 05 NOV 10 PH |
| Melissa Weisman | —————————————————————————————————————— | |
| Name | ORIC | 2:12 |
| 209 Lochinvar Drive |)A | \sim |
| Florida street add | ress (P.O. Box NOT acceptable) | |
| Fern Park, FL 32730 | FL. | |
| City, State, as | nd Zip | |
| liability company at the place designated in the | accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of al | |

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.

Melissa Weisman
Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

| ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as fo | | |
|--|-------------------|--|
| <u>Title:</u> "MGR" = Manager | Name and Address: | |

| MGR | Melissa Weisman | |
|---|---------------------|--|
| | 209 Lochinvar Drive | |
| | Fern Park, FL 32730 | |
| | | |
| | | |
| | VII | ************************************* |
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| | | ⊋s (|
| | | SECRETARY TALLAHASSE |
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| | | 25 c |
| | | |
| | | F STAT |
| (Use attachment if necessary) | | OF STATE |
| T. P. V. D.Chathan data. iCathan than t | ne date of filing: | (OPTIONIAL) |

ARTIC (If an el to or 90

REQUIRED SIGNATURE:

Melissa Weisman 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.)

Melissa Weisman

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)