

W5000115383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

W5-115383

(Document Number)

Certified Copies _____ Certificates of Status 1

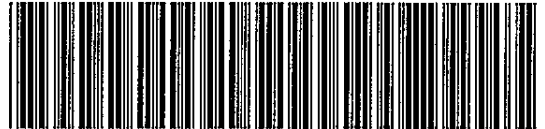
Special Instructions to Filing Officer:

11/28

FLLC

Office Use Only

mt



100061679841

11/28/05--01021--024 **130.00

FILED
05 NOV 28 PM 3:43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Weber's Executive Team
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monalisa Weber

(Name of Person)

Weber's Executive Team

(Firm/Company)

10211 Pines Blvd. Suite 139

(Address)

Pembroke Pines, Florida 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

Monalisa Weber

(Name of Person)

at (954) 648-8414

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
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:

Weber's Executive Team, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

10211 Pines Blvd
Suite 139
Pembroke Pines, Florida 33026

Mailing Address:

10211 Pines Blvd
Suite 139
Pembroke Pines, Florida 33026

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Monalisa Weber

Name

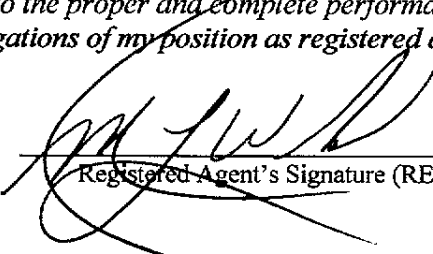
10211 Pines Blvd. Suite 139

Florida street address (P.O. Box **NOT** acceptable)

Pembroke Pines, FL 33026

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
5/10/28 PM 3:43
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Monalisa Weber

1630 North 58th Avenue

Hollywood, Florida 33021

MGRM

Elvis Weber

8347 NW 195th Terrace

Miami Lakes, Florida 33015

MGRM

Mahitlen P. Weber

1632 North 58th Avenue

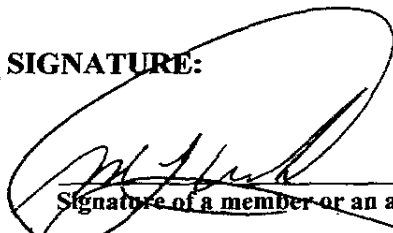
Hollywood, Florida 33021

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Monalisa Weber

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)