# L07000031480

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OT WIN OF CORPORATION

B. Tedlock MAR 9 3 2007

# **COVER LETTER**

TO:

Registration Section

Division of Co	rporations			
SUBJECT: Weiss	& Associates, LLC			
	(Name of Limite	d Liability Con	npany)	· ·
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for fil	ing.	
Please return all corresp	ondence concerning this matte	r to the followi	ing:	
Stephen C	. Chumbris			
	(1	Name of Person)		
Trenam Ke	mker			
	(	Firm/Company)		
200 Centra	al Avenue, Suite 16	00		
		(Address)		
St. Peters	burg, FL 33701			
<del></del>	<del></del>	State and Zip Co	ode)	
For further information	concerning this matter, please	call:		
Stephen C. Chun	nbris	<sub>at (</sub> 727	824-613	2
(Name	of Person)	(Area C	ode & Daytime T	2 elephone Number)
Enclosed is a check for	or the following amount:			
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Co	Filing Fee & opy opy is enclosed)	\$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	Registr Division Clifton 2661 E	Courier Address ration Section on of Corporation Building executive Center assee, FL 32301	ns

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Com	pany is:	
Weiss & Associates, LLC		
(Must end with the words "Limited Liability Compar	ny, "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 Liabi	ility Company is:
Principal Office Address:	Mailing Address:	,
332 West Bearss Avenue	332 West Bearss Avenue	· · · · · · · · · · · · · · · ·
Tampa, FL 33613-1269	Tampa, FL 33613-1269	
	gistered Office, & Registered Agent's S own Registered Agent. You must designate an individue s of the registered agent are:	
Susan R. Weiss		ORPCORPC
<del></del>	Name	ORA:
12403 N. Boulevard	d	3F 3F 3F

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..

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

FL 33612-4149

Registered Agent's Signature (REQUIRED)

City, State, and Zip

Tampa

(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 follows:

<u>Title:</u> "MGR" = M "MGRM" =	anager Managing Member	Name and Address:
MGRM		Susan R. Weiss
	<del></del>	332 West Bearss Avenue
		Tampa, FL 33613
<u> </u>		
	<del></del>	
(Use attachm	nent if necessary)	
effective date	tive date, if other than the is listed, the date must bue date of filing.)	e date of filing: (OPTIONAL be specific and cannot be more than five business days
REQUIRE	SIGNATURE:	
	( Tarring	Cureux
	Signature of a member	er or an authorized representative of a member.
	(In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
	(In accordance with se of this document const	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

### 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)