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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor				
SUB	JECT: The We	atherburn Gallery, LL		·	
		(Name of Li	imited Liability Company)	
The er	nclosed Articles of	Organization and fee(s) ar	e submitted for filing.		
Please	return all correspo	ondence concerning this ma	atter to the following:		
	J.W. Webb, I	Esquire			
		1)	Name of Person)		
	Webb Peduzz	zi, P.A.			
	390 N. Orang	ge Ave., 23 rd Floor	Firm/Company)		
	Orlando, FL		(Address)		
	<u> </u>		State and Zip Code)		
For fu	rther information c	oncerning this matter, plea	se call:		
J.W.	Webb, Esquire		at (407) 956-1030		
(Name of Person)			(Area Code & Daytime Telephone Number)		
Enclo	osed is a check t	for the following amou	ınt:		
180 \$	125.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	□\$155.00 Filing Fee Certified Copy (additional copy is enclose	ed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Street Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	ier Address stration Section ion of Corpor on Building Executive Con hassee, FL 32	rations enter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	pany is:	
The Weatherburn Gallery, LLC		
(Must end with the words "L	.imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of is:	of the principal office of the Limited Liability Company	
Principal Office Address:	Mailing Address:	
The Weatherburn Gallery	The Weatherburn Gallery	
452 Bayfront Place	452 Bayfront Place	
Naples, FL 34102	Naples, FL 34102	
The name and the Florida street address	AR XX	
J.W. Webb, E	<i>پ</i> ورد بیبر ۲۰	
	Name	
<u>390 N. Orange</u>	e Ave., 23 rd Floor	
	e Ave., 23 rd Floor ddress (P.O. Box NOT acceptable) 2801	
Orlando, FL 3	2801	
	City, State, and Zip	
Having heen named as registered agent of	and to accept service of process for the above stated limited	
	this certificate, I hereby accept the appointment as registered	
	I further agree to comply with the provisions of all statutes	
relating to the proper and complete perfo	ormance of my duties, and I am familiar with and accept the	
obligations of my position as reg	gistered agent as provided for in Chapter 608, F.S	
Registered A	Agent's Signature (REOUIRED)	

(CONTINUED)
Page 1 of 2

Title:	Name and Address:
"MGR" = Man	
"MGRM" = Ma	anaging Member
MGRM	J.W. Webb, Esquire
	452 Bayfront Place
	Naples, FL 34102
	<u></u>
	
(Use attachme	nt if necessary)
(If an effective	Effective date, if other than the date of filing: (OPTIONAL) date is listed, the date must be specific and cannot be more than five prior to or 90 days after the date of filing.)
·	
DEOLU	DED SIGNATURE.
REQUI	RED SIGNATURE:
	(). W. Will
	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.)
	J.W. Webb, Esq.
	Typed or printed name of signee
PW P	
Filing Fees: \$125.00 Filing Fe	e for Articles of Organization and Designation
of Regist	ered Agent
\$30.00 Certified	Copy (Optional)
	of Status (Optional)

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