LU9000067262

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	; #)
PICK-UP	WAIT -	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	1
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



400158358004

07/13/09--01012--013 **125.00

FILED

09 JUL 13 AM 10: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UL 1 4 2009

B. KOHR

EXAMINER

COVER LETTER

SUBJECT:	Webers Auto Machine LLC	
	Name of Limited Liability Company	
The enclosed Article	es of Organization and fee(s) are submitted for filing.	
Please return all cor	respondence concerning this matter to the following:	
	Timothy Weber	
	Name of Person	
		~ · · · · · · · · · · · · · · · · · · ·
	Firm/Company N	MIL 13 MILES
	301 E. 28th Place	135 W
	Address	THO I
	Sanford, FL. 32773	£1037
	City/State and Zip Code	1 30
	Webwar@cfl.rr.com	
	E-mail address: (to be used for future annual report notification)	V .
For further informati	ion concerning this matter, please call:	
Lo	ori Warnicke at (407) 948-1188	
Na	ori Warnicke at (407) 948-1188 une of Person Area Code & Daytime Telephone Number	
Enclosed is a check	k for the following amount:	
_	ce \$\int \\$130.00 Filing Fee & S160.00 Filing Fee & Certificate of Status Certified Copy Certificate of Certified Copy	of Status &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
Webers Auto	Machine LLC
(Must end with the words "Limited Li	ability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
301 E. 28th Place Sanford, FL, 32773	301 E. 28th Piace Sanford, FL 32773
ARTICLE III - Registered Agent, Register. (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: cgistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
Timoth	ny Weber
Na	ny Weber 28th Place P.O. Box NOT acceptable)
301 E. 2	28th Place
Florida street address (I	P.O. Box NOT acceptable)
Sanford, FL. 32773	3 A. O. T.
City, Stat	to, and Zip
Having been named as registered agent and	to accept service of process for the above stated limited

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..

(ogistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"MGR" = Manag "MGRM" = Man		Name and Address:
MGRM	- "	MPN A A.P. B
IVIGRIVI	_	Timothy Weber
		301 E 28th Place Senford, FL 32773
		Section, FL Ger G
		
		
(Use attachment)	if necessary)	
LE V: Effective (fective date is list	date, if other than the led, the date must be	
(Use attachment LE V: Effective of fective date is list days after the de	date, if other than the dete, the date must be to of filing.)	date of filing: (OPTIONAL specific and cannot be more than five business day
LE V: Effective of fective date is list days after the de	date, if other than the ded, the date must be de of filing.)	date of filing: (OPTIONAL specific and cannot be more than five business day
LE V: Effective of fective date is list days after the da	date, if other than the ded, the date must be de of filing.)	date of filing: (OPTIONA e specific and cannot be more than five business day
LE V: Effective of fective date is list days after the da	date, if other than the sted, the date must be ste of filing.) GNATURE: Signature of a member (in accordance with sec	date of filing: (OPTIONAL expecific and cannot be more than five business day for an authorized representative of a member. Ition 608.408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury
LE V: Effective of fective date is list days after the de	date, if other than the sted, the date must be ste of filing.) GNATURE: Signature of a member of this document constitution that the facts stated here	date of filing: (OPTION/e apecific and cannot be more than five business day for an authorized representative of a member. Ition 608.408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury ein are true.)
LE V: Effective of fective date is list days after the da	date, if other than the ted, the date must be ted, the date must be te of filing.) GNATURE: Signature of a member of this document constitute the facts stated here.	date of filing: (OPTIONAL expecific and cannot be more than five business day for an authorized representative of a member. Ition 608.408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury