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	(Red	questor's Name)	
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	(City	//State/Zip/Phone	e #)
PICK-U	iΡ	WAIT	MAIL
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Certified Copies		Certificates	s of Status
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EXAMINER



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COVER LETTER

	gistration Section rision of Corporations	
SUBJECT:	MJ We	remay Design, LLC
		d Liability Company
The enclose	d Articles of Organization and fee(s) are s	ubmitted for filing.
Please return	n all correspondence concerning this matte	er to the following:
		James Weremay
		Name of Person
		emay Design, LLC
		Firm/Company
	956 S	tone Lake Drive
		Address
	Ormond B	each, Florida 32174
		/State and Zip Code
	mwer	emay@cfl.rr.com
	E-mail address: (to be used for	or future annual report notification)
For further i	information concerning this matter, please	call;
	Michael J. Weremay	at (386) 562-8264
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	y is:
MJ Weremay	Design, LLC
(Must end with the words "Limited I	Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
956 Stone Lake Drive Ormond Beach	956 Stone Lake Drive Ormond Beach
Florida 32174	Florida 32174
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Michael Ja	ames Weremay
N	lame
956 Stor	ne Lake Drive
Florida street address	(P.O. Box NOT acceptable)
Ormond Beach 321	174 _{FL}
	ate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as vacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
Medille	bung sec
	CRETARY OF STATE CAHASSEE FLORIDA

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" = Manager "MGRM" = Manag	r	Name and Address:	
MGR		Michael James Weremay 956 Stone Lake Drive Ormond Beach, FL 32174	
MGRM	-	Lynne Weremay 956 Stone Lake Drive Ormond Beach, FL 32174	
	_		
(Use attachment if	••	of filing: January 5, 2010 (OPTIONAL)	
	d, the date must be spe	ecific and cannot be more than five business days p	rior
REQUIRED SIG	10Acole	reflered	
	In accordance with section	an authorized representative of a member. 608.408(3) Florida Statutes, the execution s an affirmation under the penalties of perjury are true.)	
<u>Filing Fees:</u>		el James Weremay or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)