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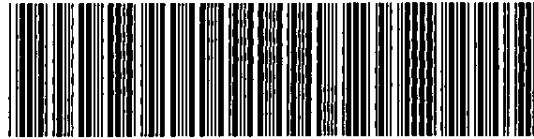
(Business Entity Name)

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10 JAN 25 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Brien JAN 27 2010



Joel M. Weissman, P.A.

515 North Flagler Drive • Suite 1100 • West Palm Beach, Florida 33401
(561) 655-4655 • Fax (561) 832-1421

Joel M. Weissman**

*Board Certified Marital
and Family Lawyer

*Nationally Board Certified
Trial Lawyer, also
admitted to New York
State Bar

January 29, 2010

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

Re: Joel M. Weissman, LLC

Ladies and/or Gentlemen:

Enclosed is the Cover Letter with the Articles of Organization and
\$15.00 for filing for Joel M. Weissman, LLC.

Should you need anything further, please contact me.

Sincerely,

Joel M. Weissman

JMW/alc

Enclosures

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JOEL M. WEISSMAN, LLC
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:

Joel M. Weissman, Esq.

Name of Person

Joel M. Weissman, P.A.

Firm/Company

515 N. Flagler Drive, Suite 1100

Address

West Palm Beach, FL 33401

City/State and Zip Code

Joel@JMWPA.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel M. Weissman, Esq.

Name of Person

at (561)

655-4655

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy 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

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:

Joel M. Weissman, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

515 N. Flagler Drive, Suite 1100
West Palm Beach, FL 33401

Same

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:

Joel M. Weissman,

Name

515 N. Flagler Drive, Suite 1100

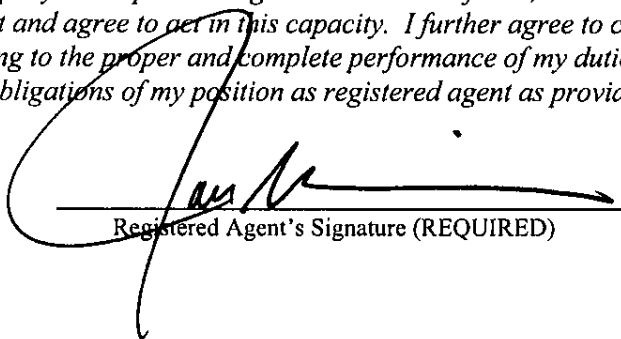
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach, FL 33401

City, State, and Zip

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10 JAN 25 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

MGRM

Joel M. Weissman

515 N. Flagler Drive, Suite 1100

West Palm Beach, FL 33401

(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.)

Joel M. Weissman

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)

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10 JAN 25 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA