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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: We Buy 4 Sale Name of Limited Liability Company	
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:	
Marc Johnson Name of Person	
Johnson Brothers Plumbing Inc. Firm/Company	
PO Box 938 Address	
Ocala Fl 34478 City/State and Zip Code Webuy 4 sale e gmail.com E-mail address (to be used for future annual report notification)	
Webuy 4 sale e gmail.com E-mail address. (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Marc Johnson at (352) 572-3966 Find Area Code & Daytime Telephone Number ARR SAR Enclosed is a check for the following amount:	
Enclosed is a check for the following amount:	Parker as
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Expy (additional copy is enclosed)} \text{Certified Expy (additional copy is enclosed)}	O
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building 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:
We Buy 4 Sale 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:
4222 SE 52 nd Pl Unit C PO Box 938 Ocala Fl. Ocala Fl. 34480 34478
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:
Aaron Johnson Name
1700 IVE 50 ^{+h} Ave Florida street address (P.O. Box NOT acceptable)
Ocala FL 34470 City, State, and Zip
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
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Registered Agent's Signature (REQUIRED) ALSE CARE ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
(CONTINUED) ASSET SEE
Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	ber
MGR	Aaron Johnson
	1700 NE 50th Ave
	Ocala F1 34470
A4 = = = = = =	
MGRM	Marc Johnson
	3041 SE 22nd Pl
	Ocala F1 34471
	76 /
(Use attachment if necessary)	
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LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmal I am aware that any faconstitutes a third degree of the date of the	than the date of filing:

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

\$125.00 Filing Fee for Articles of Organization and Designation

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