## 614006161648

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-: -:

Office Use Only



600265109376

10/07/14--01022--021 \*\*130.00

TALLAHASSEE, FLORIDA

WHY & L TOO STREET,



October 13, 2014

JOHN HOFFMAN JR 11225 RANDOLPH SIDING RD JUPITER, FL 33478-6107

SUBJECT: HOFFMAN, WEISMAN & ASSOCIATES LLC

Ref. Number: W14000062359

We have received your document for HOFFMAN, WEISMAN & ASSOCIATES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 514A00021878

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Hoffman, Weisman & Associate Name of L	s LLC imited Liability Company	
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
John R Hoffman Jr	Name of Person	
Hoffman, Weisman & Associates	LLC Firm/Company	
11225 Randolph Siding Road	Address	
Jupiter, FL 33478-6107	City/State and Zip Code	
irhoffman@hwa-eng.com E-mail address: (to be us	ed for future annual report notifica	ation)
For further information concerning this matter, ple	ease call:	
John R Hoffman Jr at (  Name of Person	561 ) 427-9565 Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee	□\$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	Street/Courier Add Registration Section Division of Corporat	

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

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:	
Hoffman, Weisman & Associates 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 principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11225 Randolph Siding Road Jupiter, FL 33478-6107	11225 Randolph Siding Road Jupiter FL 33478-6107
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration.)  The name and the Florida street address of the registered as	Registered Agent. You must designate an individual or)
John R Hoffman Jr	
Name	
11225 Randolph Siding Road Florida street address (P.O. Box	NOT acceptable)
<u>Jupiter</u>	FL 33478-6107
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company a the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in er 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

14 OCT 15 PM 4: 12
SECRE HARY OF STATE

AMBR  John R Hoffman Jr  11225 Randolph Siding Road  Jupiter  AMBR  Matthew S. Weisman  12775 Stone Pine Way  Wellington FL 33414  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 9  e of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  I am aware that any false information submitted in a document to the Department of State, constitutes a nafirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:	AMBR  John R Hoffman Jr  11225 Randolph Siding Road  Jupiter  Matthew S Weisman  12775 Stone Pine Way  Wellington FL 33414  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing: October 16, 2014  (OPTIONAL)  Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  LE VI: Other provisions, if any.  RICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  REQU	AMBR  John R Hoffman Jr  11225 Randolph Siding Road  Jupiter  Matthew S Weisman  12775 Stone Pine Way  Wellington FL 33414  (OPTIONAL)  EV: Effective date, if other than the date of filing: October 16, 2014  (OPTIONAL)  Extive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  E VI: Other provisions, if any.  TICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  REQUIR	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
AMBR  Matthew S Weisman 12775 Stone Pine Way Wellington FL 33414   (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL)  (OPTIONAL)  (Infective date is listed, the date must be specific and cannot be more than five business days prior to or 9 e of filing.)  CLE VI: Other provisions, if any,  RETICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statues, the execution of this document constitutes an affirmation under the parties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:	AMBR  Matthew S Weisman 12775 Stone Pine Way Wellington FL 33414  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  LE VI: Other provisions, if any. RICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  A maware that any false information submitted in a document to the Department of State— constitutes an affirmation under the penalize of perjuny that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State— constitutes an affirmation under the penalize of perjuny that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State— constitutes an affirmation under the penalize of perjuny that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State— constitutes an affirmation under the penalize of perjuny that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State— constitutes an affirmation under the penalize of perjuny that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State— CO I SCAR OF The CO I S	AMBR  Matthew S. Weisman 12775 Stone Pine Way Wellington FL 33414  (Use attachment if necessary)  E. V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL) tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  E. VI: Other provisions, if any. TICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  R	"MGR" = Manager AMBR	John R Hoffman Jr	
Matthew S. Weisman 12775 Stone Pine Way Wellington FL 33414  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL)  ffective date is listed, the date must be specific and cannot be more than five business days prior to or 9 e of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  I am aware that any false information submitted in a document to the Department of State. constitutes a third degree felony as provided for in s.817.155, F.S.)  To H.N. HOFFMAN TR.  Typed or printed name of signee  Filing Fees:	(Use attachment if necessary)  LE V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL)  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  I am aware that any false information submitted in a document to the Department of State, constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s. 817.155, F.S.)  Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)	Matthew S. Weisman  12775 Stone Pine Way.  Wellington FL 33414   (Use attachment if necessary)  E. V.: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL)  retive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day  of filing.)  E. VI.: Other provisions, if any.  TICLE VI ATTACHMENT A  REOUIRED SIGNATURE:  (In accordance with section 605,0203 (1) (b), Florida Statutes, the execution of this document  constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State,  constitutes a third degree felony as provided for in s.817.155, F.S.)  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)	7,101,51		
(Use attachment if necessary)  (Use attachment if necessary)  (ILE V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL)  (Material of the date must be specific and cannot be more than five business days prior to or 9 to filing.)  (ILE VI: Other provisions, if any.  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:	(Use attachment if necessary)  LE V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL)  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  I an aware that any false information submitted in a document to the Department of State., constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State., constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)	(Use attachment if necessary)  E V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  E VI: Other provisions, if any.  TICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)		<u>Jupiter</u>	
(Use attachment if necessary)  (Use attachment if necessary)  (ILE V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL)  (Material of the date must be specific and cannot be more than five business days prior to or 9 to filing.)  (ILE VI: Other provisions, if any.  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:	(Use attachment if necessary)  LE V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL)  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  I an aware that any false information submitted in a document to the Department of State., constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State., constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)	(Use attachment if necessary)  E V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  E VI: Other provisions, if any.  TICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)	AMBR	Matthew S Weisman	
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL)  ffective date is listed, the date must be specific and cannot be more than five business days prior to or 9 e of filing.)  LE VI: Other provisions, if any.  RTICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  (In accordance with section 605,0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State.  Constitutes a third degree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:	(Use attachment if necessary)  LE V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL)  rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State-constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)	(Use attachment if necessary)  E. V.: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL)  ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day  of filing.  E. VI.: Other provisions, if any.  TICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)		12775 Stone Pine Way	
REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of States, constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  (In Prince P	REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State-constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)	E V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  E VI: Other provisions, if any.  TICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)		Wellington FL 33414	
REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of States, constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  (In Prince P	REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State-constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)	E V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  E VI: Other provisions, if any.  TICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)	<del></del>		
REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of States, constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:	REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State-constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)	E V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  E VI: Other provisions, if any.  TICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)			
REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of States, constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  (In COPTIONAL)  (OPTIONAL)  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of States, constitutes a third degree felony as provided for in s.817.155, F.S.)	REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State-constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)	E V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  E VI: Other provisions, if any.  TICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)			
REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of States, constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  (In COPTIONAL)  (OPTIONAL)  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of States, constitutes a third degree felony as provided for in s.817.155, F.S.)	REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State-constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)	E V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  E VI: Other provisions, if any.  TICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)			
REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of States, constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  (In COPTIONAL)  (OPTIONAL)  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of States, constitutes a third degree felony as provided for in s.817.155, F.S.)	REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State-constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)	E V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  E VI: Other provisions, if any.  TICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)			
REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of States, constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:	REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State-constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)	E V: Effective date, if other than the date of filing: October 16, 2014 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  E VI: Other provisions, if any.  TICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)			
REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State-, constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  Filing Fees:	REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)	REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State.  Constitutes a third degree felony as provided for in s.817.155, F.S.)  Filing Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	(Use attachment if necessary)		
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee	REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)	Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)	Tective date is listed, the date mu	ist be specific and cannot be more than five business days prior to or 9	0 day
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:	Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)	Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)	Tective date is listed, the date mue of filing.)  LE VI: Other provisions, if any.	st be specific and cannot be more than five business days prior to or 9	0 day
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:	Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)	Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)	Tective date is listed, the date mue of filing.)  LE VI: Other provisions, if any.	st be specific and cannot be more than five business days prior to or 9	0 day
Signature of a member or an authopized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:	Signature of a member or an authopized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)	Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)	Tective date is listed, the date mue of filing.)  LE VI: Other provisions, if any.	st be specific and cannot be more than five business days prior to or 9	0 day
Signature of a member or an authopized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:	Signature of a member or an authopized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)	Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)	Tective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  RTICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:	st be specific and cannot be more than five business days prior to or 9	0 day
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  Top-FWAN  Typed or printed name of signee  Filing Fees:	constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  Topic 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)	constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  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)	Tective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  RTICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:	R. H. Man	O day
I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  Top-FMAN  Typed or printed name of signee  Filing Fees:	I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  TOPENAN  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)	I am aware that any false information submitted in a document to the Department of State, constitutes a third degree felony as provided for in s.817.155, F.S.)  Tophy T. Hoffman TR.  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)	Tective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  RTICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:	A Home of a member or an authorized representative of a member.	0 day
TOHNR. HOFFMAN JR.  Typed or printed name of signee  Filing Fees:	TOHN R. HOFFMAN JR.  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)	TOHN R. HOPFMAN JR.  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)	Tective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  RTICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  Signature  (In accordance with se	of a member or an authorized representative of a member.	0 day
Typed or printed name of signee  Filing Fees:	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)	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)	Tective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  RTICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  Signature  (In accordance with se constitutes an affirmatic	of a member or an authorized representative of a member.  ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.	e0 day
Filing Fees:	Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	Tective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  RTICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  Signature  (In accordance with se constitutes an affirmati I am aware that any fall	of a member or an authorized representative of a member.  ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.  Is information submitted in a document to the Department of State, ree felony as provided for in s.817.155, F.S.)	0 day
Filing Fees:	Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certified Copy (Optional)	Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certified Copy (Optional)	Tective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  RTICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  Signature  (In accordance with se constitutes an affirmati I am aware that any fall	of a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lise information submitted in a document to the Department of State- rece felony as provided for in s.817.155, F.S.)	0 day
Printing Peess.	\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	Tective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  RTICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  Signature  (In accordance with se constitutes an affirmati I am aware that any fall	of a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lise information submitted in a document to the Department of State- ree felony as provided for in s.817.155, F.S.)	00 day
	\$ 30.00 Certified Copy (Optional)	\$ 30.00 Certified Copy (Optional)	Tective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  RTICLE VI - ATTACHMENT A  REQUIRED SIGNATURE:  Signature  (In accordance with se constitutes an affirmati I am aware that any fall	of a member or an authorized representative of a member.  ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Is information submitted in a document to the Department of State, ree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee	14 OCT I
			REQUIRED SIGNATURE:  (In accordance with se constitutes an affirmati I am aware that any fall constitutes a third degr	of a member or an authorized representative of a member.  ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lise information submitted in a document to the Department of State, rece felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:	14 OCT I
TOO COLUMNO COPT (CONTOUR)		**	Other provisions, if any.  EVI - ATTACHMENT A  JIRED SIGNATURE:  (In accordance with se constitutes an affirmati I am aware that any fal constitutes a third degree.)	of a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lise information submitted in a document to the Department of State, rece felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: es of Organization and Designation of Registered Agent	14 OCT 15

## ARTICLES OF ORGANIZATION - ATTACHMENT A - ARTICLE VI

Hoffman, Weisman & Associates, LLC

<u>ATTACHMENT A</u> defines enumerated provisions for section <u>ARTICLE VI</u> of the <u>ARTICLES of ORGANIZATION</u> for an LLC. Each Principal (AMBR) authorized member of this LLC henceforth agrees to comply for the duration of the legal existence of this LLC.

- 1.) This LLC shall keep a set of books available to all Principals (AMBR) in Quick Books Pro, or as agreed upon by all AMBRs.
- 2.) This LLC shall keep a checking/business account utilized for all business transactions such as accounts payable/receivable, expense reimbursement, payroll, and distribution of profits, et al. The account shall require a signature from at least two AMBR's on any check for any amount greater than One Thousand Dollars and no Cents (\$1000.00).
- 3.) All profits shall be shared equally among all AMBR LLC members. Payrolls will be based on temps defined in individual contractual agreements established with clients and customers (typically on hourly) ates by position type).
- 4.) Any personal expenditure (excluding alcohol except as provided for in Item #7 below) by an AMBR shall be considered a loan to the LLC, shall be entered into the books, and that individually encumbered expenses shall be reimbursed to the respective AMBR prior to the distribution of any profits.
- 5.) Each AMBR is solely responsible for the procurement and cost of his own health insurance. Each AMBR shall be required to maintain health insurance for the duration of the legal existence of this LLC.
- 6.) Until otherwise agreed upon and as revenue permits, each AMBR shall be solely responsible for the cost of all other personal and professional insurance and professional licensing fees as a reimbursable expense; and, inclusive for any memberships in local, national, and international organizations. All AMBR's shall maintain a PE, at least in the state of FL.
- 7.) Expenditures for meetings, trade shows, business generation, and/or entertainment of existing or potential clients and customers (including alcohol) shall be considered a legitimate LLC expense and reimbursable under the terms of Item #4.
- 8.) Any AMBR can, at any time, with 7 days written notice, withdraw from this LLC at no expense to himself or any other AMBR, other than the cost of revising the organization of the LLC as required by the laws of the State of Florida. Any LLC assets, documents, and software contributed to the LLC by the departing AMBR shall remain the sole property of the departing AMBR and shall be returned, as is, to the departing AMBR. Any existing profits that are available for distribution, after consideration of Item #4 and #7, shall be distributed to the departing AMBR. There shall be no 'non-compete' or 'non-disclosure' limitations or timeframes.
- 9.) In the event of disability (no longer able to effectively work as determined by a majority of remaining AMBR's) or death of any (affected) AMBR, the affected AMBR shall follow the requirements of Item #8 and excluding the cost of any revision of the organization of the LLC and without written notice.
- 10.) Each AMBR shall indemnify and hold harmless all other AMBR LLC members due to non-compliance to laws, rules, and regulations identified in FL Statutes "471 Engineering" and "61G15-18 FBPE"; inclusive of all other civil and criminal laws of the State of Florida.
- 11.) All AMBR's do, by agreeing to the formation of this LLC, acknowledge that the sole purpose of this LLC is to enhance individual professional development; and, business income, business growth, and business profits; that this LLC represents the mutual and equal pursuit of a successful business; that each Principal is NOT competing against other Principals; that inclusion in all discussions and activities pertaining to the conduct of business are not mutually exclusive; that each Principal understands the intent of this ATTACHMENT A.
- 12.) This LLC and/or the Articles of Organization Article VI and this <u>ATTACHMENT A</u> can be dissolved and replaced (in whole or in part, at any time, as agreed upon by all AMBR's) with another corporate organization and/or Article VI or equivalent. Failure to reach any agreement shall be resolved by dissolution of the LLC in compliance with Florida Law and Item #8.