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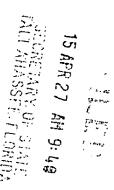
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| то: | Registration Section Division of Corporations | | |
|----------|---|--|--|
| SUBJE | CT: Weaver Lighting, LLC Name of L | imited Liability Company | |
| The end | closed Articles of Organization and fee(s) | are submitted for filing. | |
| Please r | return all correspondence concerning this | matter to the following: | |
| | Jill R. Weaver | Name of Person | |
| | Weaver Lighting, LLC | | |
| | | Firm/Company | |
| | 3625 Ashling Drive | Address | |
| | Lakeland, Florida 33803 | City/State and Zip Code | |
| تاللد | wgreer@gmail.com E-mail address: (to be us | sed for future annual report notifica | ition) |
| For furt | her information concerning this matter, pl | lease call: | |
| Jill We | aver at (| (863) 450-7619 Area Code Daytime Tel | lephone Number |
| Enclose | d is a check for the following amount: | | |
| \$125.00 | Filing Fee \$\Bigcup \\$130.00 \text{ 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230 | ions er Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: | | |
|---|--|------|
| Weaver Lighting, LLC | | |
| (Must end with the words "Limited L | ciability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the principal offi | ice of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 3625 Ashling Drive | 3625 Ashling Drive | |
| Lakeland, Florida 33803 | Lakeland, Florida 33803 | |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a | legistered Agent. You must designate an individual or | |
| Jill R. Weaver | | |
| Name | | |
| 3625 Ashling Drive | | |
| Florida street address (P.O. Box] | NOT acceptable) | |
| Lakeland | FL 33803 | |
| City | Zip | |
| the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig | rice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this I all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S | |
| Registered Agent's Signatu | re (REQUIRED) | |
| (CONTINUE | The state of the s | ٠, |
| Page 1 of 2 | AH 9: 48 OF SIAIL C.FLORIOA | Fig. |

| <u>Title:</u> | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| AMBR | Jill R. Weaver |
| | 3625 Ashling Drive |
| | Lakeland, Florida 33803 |
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| (Use attachment if necessary) EV: Effective date, if other than the dective date is listed, the date must be of filing.) | ate of filing: <u>April 27, 2015</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other than the decrive date is listed, the date must be | |
| E V: Effective date, if other than the decrive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | specific and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | specific and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section | member or an authorized representative of a member. |
| E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u | member or an authorized representative of a member. |
| E V: Effective date, if other than the decrive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in | member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document formation submitted in a document to the Department of State or allows a provided for in a 817.155. E.S.) |
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| E V: Effective date, if other than the decrive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in | member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State of the penalties of perjury that the facts stated herein are true. |
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