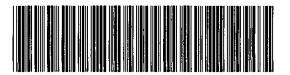
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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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TO: Registration Section
Division of Corporations

Weaver SUBJECT:	Intellectual Property, Inc.			
30000011	Name of L	imited Liabili	ty Company	<del></del>
The enclosed Articles	of Organization and fee(s) a	are submitted	for filing.	
Please return all corre	espondence concerning this n	natter to the f	ollowing:	
Jaqueline	S. Weaver			
		Name of	Person	
		Firm/Co	mpany	•
5881 Wh	itetail Lane			
-		Addr	ess	
Jupiter, F	L 33458			
		City/State an	d Zip Code	
jsw1029@	<del>-</del>	10.0		· .
	E-mail address: (to be use	d for future a	nnual report notificat	ion)
For further information	concerning this matter, plea	se call:		
Jacqueline		561	379-8390	
N		Area Code	Daytime Telephon	e Number
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	0 Filing Fee & ed Copy al 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 Address**

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Weaver Intellectual		17:17: G	44 T C 22 44 T C 22	
(Must end	d with the words "Limited	d Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Limited	Liability Company is:	
<u>Princi</u>	<u>pal Office Address</u> :		Mailing Address:	
5881 Whitetail Lan	e	5881	Whitetail Lane	
Jupiter, FL 33458		Jupit	er, FL 33458	
nother business entity with an	active Florida registratio	on.) d agent are:	You must designate an individual o	r
nother business entity with an	active Florida registration	on.) d agent are:  Name	You must designate an individual o	r
nother business entity with an	t address of the registered Ronald J. Weaver	on.) d agent are: Name	· · ·	r
nother business entity with an	t address of the registered Ronald J. Weaver  5881 Whitetail Lane	on.) d agent are: Name	· · ·	r
The Limited Liability Comparinother business entity with an he name and the Florida stree	t address of the registered Ronald J. Weaver  5881 Whitetail Lane Florida street addres	on.) d agent are:  Name ss (P.O. Box NOT ac	eceptable)	r

(CONTINUED)

Page 1 of 2

"AMBR" :		Name and Address;
	= Authorized Member	
"MGR" =	Manager	
AMBR		Ronald J. Weaver
		5881 Whitetail Lane
		Jupiter, FL 33458
AMBR		Jacqueline S. Weaver
MAIDIN		5881 Whitetail Lane
		Jupiter, FL 33458
		Jupiter, 11, 35456
	<del></del>	
ctive date	ctive date, if other than is listed, the date mu	the date of filing: May 29, 2015 (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days
ective date of filing.) the date in ment's effe	is listed, the date muserted in this block do	the date of filing: May 29, 2015  st be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be artment of State's records.
ective date of filing.) the date in ment's effe	is listed, the date musered in this block do ective date on the Department provisions, if any.	est be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be artment of State's records.
ective date of filing.) the date in ment's effe E VI: Othe	is listed, the date must aserted in this block do ective date on the Departer provisions, if any.	st be specific and cannot be more than five business days prior to or 90 days prior to or 90 days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be cartment of State's records.
ctive date f filing.) the date in nent's effe	e is listed, the date must be in this block do betive date on the Department of the provisions, if any.  ED SIGNATURE:  Signature  (In accordance we constitutes an af I am aware that a	pess not meet the applicable statutory filing requirements, this date will not be artment of State's records.  Bullian Market Ma
ective date f filing.) the date in nent's effe	e is listed, the date must be served in this block do be trive date on the Department of the provisions, if any.  ED SIGNATURE:  Signature  (In accordance vaconstitutes an af I am aware that a constitutes a thir	pes not meet the applicable statutory filing requirements, this date will not be artment of State's records.  The second of a member or an authorized representative of a member. With section 605 0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true. The state information submitted in a document to the Department of State.

S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)