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(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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THE CLERK OF STATE  
JULY 1, 2015

2015 JUN 26 P 2:41

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JUN 26 2015

T SCHROEDER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2015

MATTHIAS WEILAND  
301 SW 9TH ST  
FT LAUDERDALE, FL 33315

SUBJECT: MATT WEILAND SERVICES LLC  
Ref. Number: W15000040732

RECEIVED  
15 JUN 26 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for MATT WEILAND SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return 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) 245-6052.

Terri J Schroeder  
Regulatory Specialist II

Letter Number: 415A00012257

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MATT Weiland Services 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:

Matthias Weiland  
Name of Person

MATT Weiland Services LLC  
Firm/Company

301 sw 9th ST  
Address

Ft Lauderdale FL 33315  
City/State and Zip Code

MATTWeiland1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthias Weiland at ( 754 ) 214-4194  
Name of Person 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 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:

Matt Weiland Services 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:

301 SW 9th ST  
FT LAUDERDALE FL  
33315

**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:

Matthias Weiland

Name

301 SW 9th ST

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

FT LAUDERDALE FL 33315

City

State

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 605, F.S..

Matthias Weiland

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR = MANAGER

**Name and Address:**

MATT Weiland  
301 SW 9th ST  
FT LAUDERDALE FL 33315

(Use attachment if necessary)

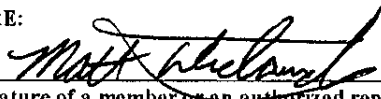
**ARTICLE V:** Effective date, if other than the date of filing: DATE OF FILING (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**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.)

MATTHIAS Weiland

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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DEPARTMENT OF STATE  
HALL OF RECORDS  
TALLAHASSEE, FLORIDA