

Florida Department of State Division of Corporations

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To:

Division of Corporations

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From:

Account Name

: PHILIP A. DELANEY

Account Number : I19990000216

Phone

: (352)416-3497

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. Weseman Development, LLC

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T. BURCH NOV - 8 2016

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COVER LETTER

	lvision of Corporations
SUBJECT	Weseman Development, LLC
	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filling.
Please retu	rn all correspondence concerning this matter to the following:
	Gary W Weseman
	Name of Person
	Weseman Development, LLC
	Firm/Company
	1501 NW 98th St
	Address
	Gainesville, FL 32606
	City/State and Zip Cods
_	garyweseman@cox.not
	E-mail address: (to be used for future annual report notification)
or further in	nformation concerning this matter, please call:
	Gary W Weseman 352 538-2250
	Name of Person Area Code Daytime Telephone Number
Englosed is	Debit Acct s a sheek for the following amount:
3 125,00 Fi	ling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

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

(((H160002704623)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited						
	evelopment, LLC lust end with the words "Limite	d I ishility Common	. (II I C 2 A. HI I C 2)			
ARTICLE II - Address		, , ,				
	Principal Office Address:		Mailing Address:			
1501 NW 98 Gainesville,			NW 98th St nesville, FL 32606			
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.)			*	16 MOV	** *g.4	
The name and the Florid	la street address of the registere	d agent are:		6 .	=======================================	,
	Philip A DeLaney			, d.	ro	11.
		Name		, gr		. જ∏ ું કો જું
	2234 NW 40th Ter 5				27	ر المحادية المحادية المحادية
	Florida street addres	38 (P.O. BOX <u>NOT</u> 8	cceptable)		ÛS	
	Gainesville	FL	32605	3>		
	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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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(((H160002704623)1)

<u>Title:</u> "AMBR" ≈ Authorized Member	Nama and Address:
"MGR" = Manager	
MGR	Gary W Weseman
	1501 NW 98th St Qainesville, FL 32606
	Camesvind, PL 32000
	Q ₀ , .
	and the second s
(Use attachment if necessary)	
CLE V: Effective date, if other than the confective date is listed, the date must be to of filing.) If the date inserted in this block does not be to be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date in the	date of filing: - specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be
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CLE V: Effective date, if other than the deflective date is listed, the date must be to of filing.) If the date inserted in this block does not memorially effective date on the Departm CLE VI: Other provisions, if any. REQUIRED SIGNATURES Signature of a This document is explained and aware that any in the content of the content is explained.	date of filing: - specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be

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