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Division of Corporations

Florida Department of State
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To:

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Fax Number : (850)617-6381

From:

Account Name : SHEHADEH GIANNAMORE PLLC
Account Number : I202200000096
Phone : (305)507-9845
Fax Number : (305)507-9844

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

erick@sglawfl.com

Email Address: _____

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FLORIDA LIMITED LIABILITY CO.

4EY Weston, LLC

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 4EY WESTON, 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:

ERICK TRELLES, ESQ.

Name of Person

SHEHADEH GIANNAMORE PLLC

Firm/Company

620 S. LE JEUNE ROAD

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

ERICK@SGLAWFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERICK TRELLES

305

281-6074

at ()

Name of Person

Area Code

Daytime Telephone Number

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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

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

4EY WESTON, LLC

(Must contain 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:1232 W. Indiantown Road
Suite 104
Jupiter, FL 33458**Mailing Address:**1232 W. Indiantown Road
Suite 104
Jupiter, FL 33458**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:

Shehadeh Giannamore PLLCN/A620 S. Le Jeune RoadFlorida street address (P.O. Box **NOT** acceptable)Coral GablesFlorida33134CityStateZip

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 ~~his~~ its 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~~ Chapter 605, F.S.

DocuSigned by:

Jalal Shehadeh

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Registered Agent's Signature **(REQUIRED)**

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:MGRDina Shehadeh1232 W. Indiantown Road, Suite 104Jupiter, FL 33458MGRDouglas Scott1841 NW 40th DriveBoca Raton, FL 33431

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the 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:**

DocuSigned by:

Jalal Shehadeh

SADESERCE9342F...

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.
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.Jalal ShehadehTyped or printed name of **signer****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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