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TE DAY OF STATE
SEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Weris, LC (Name of Limi	ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	atter to the following:
Amelie M Week	me of Person)
Wevis, UC (Fin	m/Company)
B176 Crossgate	CH V ACC SE TO A CANADA CONTRACTOR AND ACCIDANA CONTRACTOR AND ACC
	te and Zip Code)
For further information concerning this matter, plea	ase call:
Amelie Weeks (Name of Person)	at ((14) 889-6262 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_\$125.00 \text{ Filing Fee} \text{ Fee} \text{ S130.00 \text{ Filing Fee & Certificate of }}\$	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO R MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	EGISTI	ER A	FOREIG
1.	(Name of Foreign Limited Liability Company)			
2.	Ohio (Jurisdiction under the law of which foreign limited liability company is organized) 3. 30-32/4007 (FEI number, if applicable)	<u></u>		
4.	(Date of Organization) 5. Ouration: Year limited liability company exist or "perpetual")	y will c	ease to	,
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	120	206	
7.	8176 Crossgate Ct N, Dublin OH 4301	7		
	(Street Address of Principal Office)			
8.	If limited liability company is a manager-managed company, check here			
9.	The name and usual business addresses of the managing members or managers are as fol	lows:		
٠.	Amelie Weeks, 8174 Crossgate C+ N, Dublin OH	- 4	<u> 301</u>	1
	Michael Rispin, 353 Daetmouth Tr., Sagamore Hills	OH	4	4067 -
the tra	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign slation of the certificate under oath of the translator must be submitted.)	gn lang	µage, a	l
11	1. Nature of business or purposes to be conducted or promoted in Florida: <u>INJAGE</u>	n a	14	_
	Nature of business or purposes to be conducted or promoted in Florida: <u>Injuly</u>	I S	08	<u>'</u>
	Cam tum Wells	₽ ₽	FEB	9
	Signature of a member or an authorized representative of a member.	SS.	7	12 Marie 1
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes		1=	Amelian's
	Amelie M Weeks	LS.	≅ io:	Seconds:
	Typed or printed name of signee		: 29	Care of

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: Wers, LLC							
2. The name and the Florida street address of the registered agent and office are:							
Amelie uneks							
SIGG SE SCHOONEY Florida Street Address (P.O. Box NOT)	Oaks Way						
Stuart FL City/State/Zip	34997						

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 608, Florida Statutes.

And Miles

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show WERIS, LLC, an Ohio Limited Liability Company, Registration Number 1555830, was organized within the State of Ohio on July 12, 2005, is currently in FULL FORCE AND EFFECT upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of January, A.D. 2006

Ohio Secretary of State

Validation Number: V200619JF43A4