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SEGRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Weaver Boos C	Consultants Southeast, LLC				
(Name	e of Limited Liability Company)				
• • • • • • •	nited Liability Company for Authorization to Transact Busin ck are submitted to register the above referenced foreign lim lorida				
Please return all correspondence concernin	ig this matter to the following:				
Daniel J. Dollea	ar				
	(Name of Person)				
Weaver Boos	Consultants Southeast, LLC				
	(Firm/Company)				
70 W. Madison	St. Suite 4250 (Address) St. Suite 4250 (Address) St. Suite 4250 (Address)				
Chicago, IL 60	Chicago, IL 60602				
(City/State and Zip Code)					
For further information concerning this ma	DE 3				
. Daniel J. Dollear	at (312) 922-1030 x145				
(Name of Person)	(Area Code & Daytime Telephone Number)				
MAILING ADDRESS:	STREET ADDRESS:				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Cent					

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

LIN.	III ED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST	
۱	Weaver Boos Consultants Southeast, (Name of Foreign Limited Liability Company; must include	LLC e "Limited Liability Company," "L.L.C.," or "LLC.")
con	name unavailable, enter alternate name adopted for the purpose sent of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers of	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
2.	Indiana 3.	74-325-2839
(Jurisdiction under the law of which foreign limited liability ompany is organized)	(FEI number, if applicable)
4.	2/28/08 5.	Perpetual
.,	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	3/1/08	
٠.	(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	rida, if prior to registration.) to determine penalty liability)
7.	365 Citrus Tower Blvd., Suite 1	110 ŽES 28
		ARE MAR
	Clermont, FL 34711	Ap 1 1 1 0 00")
	(Sirect Addiess of	m - I
8.	If limited liability company is a manager-managed co	company, check here 🗷
9.	The name and usual business addresses of the manag	ging members or managers are a follows:
	John W. Weaver II, 70 W. Madison St	Ε ω
	Timothy A. Boos, 1813 N. Mill St. U	Unit A., Naperville, IL 60563
the.	Attached is an original certificate of existence, no more than 90 day jurisdiction under the law of which it is organized. (A photocopy is slation of the certificate under outh of the translator must be submit	
11.	Nature of business or purposes to be conducted or p	promoted in Florida:
		horized representative of a member. S., the execution of this document constitutes ry that the facts stated herein are true.)
	<u>John W. Weaver II</u> Typed or printed n	name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

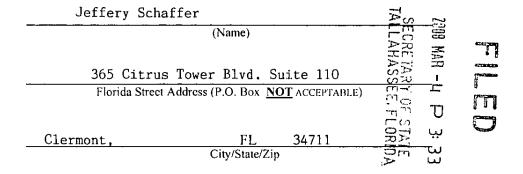
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

l.	The	name	of the	Limited	Liability	Company	is:
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Weaver Boos Consultants Southeast, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:



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 provider for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of Indiana Office of the Secretary of State

CERTIFICATE OF ORGANIZATION

of

WEAVER BOOS CONSULTANTS SOUTHEAST, LLC

I, Todd Rokita. Secretary of State of Indiana, hereby certify that Articles of Organization of the above Domestic Limited Liability Company (LLC) have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented confirms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

NOW. THEREFORE, with this document I certify that said transaction will become effective Friday. February 29, 2008.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 29, 2008

TODD ROKITA. SECRETARY OF STATE