Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000044446 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

lo:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620

Phone : (608)827-5300

Fax Number

: (608)827-5501

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

Tmail	Address:			

Foreign Limited Liability Company WEIL FINANCIAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORID	iG IS SUBMITTED TO REGISTER A FOREIGI 4:
WEIL FINANCIAL, LLC	-
(Name of Foreign Limited Liability Company; must include "Limited Liability	Company," "L.L.C" or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting busi	
consent of the managers or managing members adopting the alternate name. The alter Company." "L.L.C." "LI.C.")	nate name must include "Limited Liability
Georgia 3. 58-4	2850552 mmber, if applicable)
(Jurisdiction under the law of which foreign limited liability (FE) company is organized)	number, if applicable)
Upon Qualification	
(Date first transacted business in Florida, if prior to regis (See sections 605,0904 & 605,0905, F.S. to determine pen	ration.) alty liability)
2338 Immokalee Rd. Suite 103, Naples, Florida 34110	To the state of th
·	= 1
(Street Address of Principal Office)	7 8
2338 Immokalee Rd. Suite 103, Naples, Florida 34110	10 m
3·	लिंद्र हैं
(Mailing Address)	
· · · · · · · · · · · · · · · · · ·	
 The name, title or capacity and address of the person(s) who has/har Member: David Weil, 2338 Immokalee Rd. Suite 103, Naples, Florida 34110 	e authority to manage is/are:
Memoer: David Well, 2558 milliokalee Nd. Suite 105, Napies, Florida 54110	
3. Attached is an original certificate of existence, no more than 90 days old, duly authent	
n the jurisdiction tunder the law of which it is organized. (A photocopy is not acceptable ranslation of the certificate tunder each of the translator must be submitted.)	। प्रिमान क्यां प्राप्त प्रशास का क्यां क्या
Hand A. Wil	
Signature of an authorized perso	
(In accordance with section 605,0203, F.S., the execution of this document of penalties of permay that the facts stated herein are true. I am aware that an document to the Department of State constitutes a third degree felough	y false information submitted in a
David A. Weil	
Typed or printed name of signee	

P.004/004

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	ne of the Limited Liability Con NCIAL, LLC	npany is:	
If unavailab	INSECTION OF THE PARTY OF THE P		
2. The nam	ne and the Florida street addres	ss of the registered agent and office are:	PSSEE OF THE PROPERTY OF THE P
	Business Filings Incorporated	40 C	
		-	
	515 E. Park Avenue		
	Florida Street		
	Tallahassee	3230 1 FL	
		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, Florida Statutes.

Mall (Signature)

Mark Williams, A.V.P., Business Filings Incorporated

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

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED: October 24, 1997

: K738096 : Georgia

JURISDICTION PRINT DATE

: February 20, 2015

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

WEIL FINANCIAL, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp Secretary of State

B: l.h

Tracking #: oOaJmIOa