# M17000008879

(Re	questor's Name)	<del></del>
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(Cit	y/State/Zip/Phone	<del>#)</del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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09/15/17--01015--002 \*\*70.00

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### **COVER LETTER**

•	ition Section - of Corporatio	ns				
SUBJECT:	WEAL	IER ASSETS, LI	C			
		Name of	Limited Liability (	Company		
		reign Limited Liability Comp ed to register the above refere				
Please return all c	correspondence	concerning this matter to the	following:			
		KEVIN WE	FAVER			
		111	aine 011 e13011			
		AVININ	C.			
		Fi	rm/Company	<del></del>	<del></del>	
		P.O. BOX	767			
		WOODSTOCK	, GA 30	188		
		•	tate and Zip Code			
		Kweaver	r@avin	iinc.	com	
_		E-mail address: (to be used	<del>-</del>			
For further inform	nation concernit	ng this matter, please call:				
_ <u>M</u> i	EUSSA	PHILLIPS	at ( 678	, 30	189091	
<del></del>	Name	of Contact Person	Area Code	Day	time Telephone Number	
Division Registra P.O. Bo	NG ADDRESS of Corporation tion Section & 6327 see, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding coutive Center Circle see, FL 32301	
	ck for the follov 00 Filing Fee	ving amount: 19-\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	



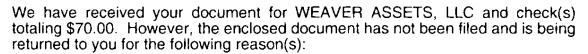
# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2017

KEVIN WEAVER P.O. BOX 883 WOODSTOCK, GA 30188

SUBJECT: WEAVER ASSETS, LLC

Ref. Number: W17000074808



There is a balance due of \$55.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

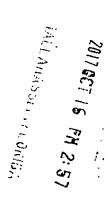
The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00019002



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

IN COMPILANCE WITH SECTION 605.0 COMPANY TO TRANSACT BUSINESS IN		OWING IS SUBMITTED TO REGISTE	R A FOREIGN TIMITED LIABILITY.
1. WEAVER A (Name of Foreign Limited Lial	SSETS, UU bility Company; must include "Limited Lia	ability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted f	or the purpose of transacting business in Florida	_	ility Company," "L.L.C," or "LI.C,")
2. <u>GEORGIA</u> (Jurisdiction under the law of which foreign lin	nited liability company is organized)	3. 45-3538 (FEI number	850 er, if applicable)
4. WHEN APP	UCATION IS AP	PROVED	·
(Date fit (See see	rst transacted business in Florida, if prior to registrations 605,0904 & 605,0905, F.S. to determine pe	ration ) malty liability )  D A 12AV 7	107
5. Street Address of Principal Office	C COUR I	6. Nathing Addre	7.100
WYNXTY K	10 FA 20188	VVUUDSTUUL	OH DUISO
<u>viuusius,</u> c	<u> 2018</u> G		
7. Name and street address of Florid	~~~	OT acceptable)	
Name: JE	RRY SCHUMPERT	)	6
Office Address: 102	20 PREAKNESS	<u> WU</u> RI	o PH
	TACKSON VILLE	Florida 322	<u>၂</u>
Registered agent's acceptance: Having been named as registered a	eases and to assume combine of the	race for the above stated limited	iability company at the place
designated in this application, I her	reby accept the appointment as reg	gistered agent and agree to act i	in this capacity. I further agree
to comply with the provisions of all and accept the obligations of my po		i complete performance of my a	uttes, and 1 am jamiliar with
	Cry Schumper	it	<u></u>
o mi	(Registered agents signal	nure)	
8. The name, title or capacity and a <u>Title or Capacity:</u>	Name and Address:	Title or Capacity:	Name and Address:
KEVIN WEAVER	KEVINWEAVER		
VICE PRESIDENT	PO BOX 767 WOODSTOCK GA 30186	Š	
HRIS INFAVER	CHRIS WEAVER		
PRESIDENT	PO BOX 767 MODOSTOCK GA 30188		
Jse attachments if necessary)	•		
Attached is a certificate of exister isdiction under the law of which is translator must be submitted)	nce, no more than 90 days old, duly it is organized. (If the certificate is	y authenticated by the official har in a foreign language, a translati	ving custody of records in the on of the certificate under oath
	cordance with section 605.0203 (1) artment of State constitutes a third of		
'	Mais Weave	V	
		authorized person	
	VICE PRESIDE	NT	

Typed or printed name of signee

Control Number: 11076811

## STATE OF GEORGIA

## **Secretary of State**

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

#### 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

#### WEAVER ASSETS, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below 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.

Docket Number : 14898509 Date Inc/Auth/Filed: 10/05/2013 Jurisdiction : Georgia Print Date : 09/08/2017

Form Number : 211



Brian P. Kemp Secretary of State