

# M180000009200

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : 12C160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

FILED  
18 OCT -9 AM 8:20  
TALLAHASSEE, FLORIDA

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

**Email Address:** \_\_\_\_\_

Foreign Limited Liability Company  
**THE WEAVER ADJUSTMENT GROUP, LLC**

RECEIVED  
OCT 09 2018

Certificate of Status	0
Certified Copy	1
Page Count	03
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K. SALY  
OCT 15 2018

**\*\*\*Due to the unexpected state closure for Hurricane Michael, please give 10/9/18 as the file date\*\*\***

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

## 1. The Weaver Adjustment Group, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If more than one state, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

## 2. Pennsylvania

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

## 5. 1361 Martin Avenue

(Street Address of Principal Office)

Ephrata, PA 17522

## 6. 1361 Martin Avenue

(Mailing Address)

Ephrata, PA 17522

## 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue, 2nd Floor

Tallahassee

(City)

Florida 32301

(Zip code)

## Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X

Kim Tadlock

(Registered agent's signature)

Capitol Corporate Services, Inc.

By: Kim Tadlock, Asst Sect

## 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

AMBR

Andrew Weaver

1361 Martin Avenue

Ephrata, PA 17522

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

X

Signature of an authorized person

Andrew Weaver

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

10/09/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

The Weaver Adjustment Group, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Robert L. Lander*

Acting Secretary of the Commonwealth

Certification Number: TSC181009141320-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>