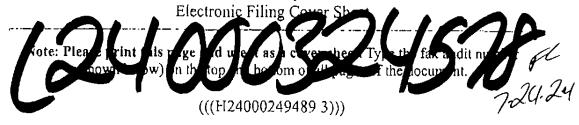
Florida Department of State

Division of Corporations





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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856

Fax Number : (800)354-3381

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

WEEZYF LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$125.00	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	w	eszyf LLC	
(Must contain the		bility Company, "L.	L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street address	of the principal offi	ce of the Limited Lia	bility Company is:
Principal Offi		Mailing Address:	
336 NW 29th		336 NW 29th Terrace	
Fort Lauderdale	Fort Lauderdale, FL 33311		
ARTICLE III - Registered Agent, Re	t serve as its own Ri	egistered Agent, You	
	t serve as its own Ri Florida registration (egistered Agent, You	
(The Limited Liability Company canno another business entity with an active F	t serve as its own Richards registration (egistered Agent, You	
(The Limited Liability Company canno another business entity with an active F	t serve as its own Ricarda registration () s of the registered a	egistered Agent, You gent are:	
(The Limited Liability Company canno another business entity with an active F	t serve as its own Richards registration () sof the registered at	egistered Agent, You gent are: .awayne McCoy	
(The Limited Liability Company canno another business entity with an active for the name and the Florida street address	t serve as its own Richards registration () s of the registered at ()	egistered Agent, You gent are: .awayne McCoy	must designate an individual
(The Limited Liability Company canno another business entity with an active for the name and the Florida street address	t serve as its own Richards registration () s of the registered at ()	gistered Agent, You gent are: .awayne McCoy Jamo	must designate an individual

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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 JUL 23 PM I2: 35

Hay ood 2494893

"MOR" ⊨ M	Authorized Moniber anager	Name and Address:
AM	MBR	Lawayne McCoy 336 NW 29th Terrace, Fort Lauderdale, Ft. 23311
	 -	
		
(Use attachm	nent if necessary)	
Mective date is e of filing.) If the date inse	listed, the date must be s	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be list of State's records
	provisions, if any.	
REOUIREL	SIGNATURE:	- /

2024 JUL 23 PM 12: 36

71. III 23 PH 12: 36

HAUMM AUGURGA

Lawayne McCoy
Typed or printed name of signee