

U5000019475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

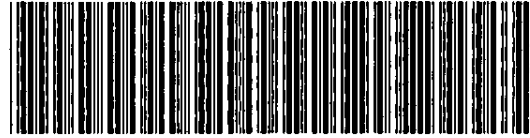
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/22/15--01010--002 \*\*160.00

FILED  
15 JAN 23 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4 Shivers FEB 02 2015

**ROCHELLE S. FLEISCHMANN**

704 SANDRINGHAM DRIVE • JACKSONVILLE, FL 32225

(904) 220-5508 H

Email: RobertShellyF@comcast.net

(904) 386-6682 Cell

January 20, 2015

Florida Department of State - Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Attached are the Articles of Organization for the Florida LLC FleischCorp, LLC.

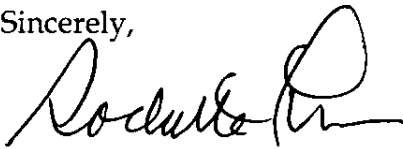
In addition are enclosed the following fees:

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent  
\$ 30.00 Certified Copy of Same  
\$ 5.00 Certificate of Status

Total Fees enclosed via check number 661 \$160.00.

Thank you for your prompt attention to this matter of filing.

Sincerely,



Rochelle S. Fleischmann

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – NAME:**

The name of the Limited Liability Company is:

**FleischCorp, LLC.**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address**

704 Sandringham Drive  
Jacksonville, FL 32225

**Mailing Address**

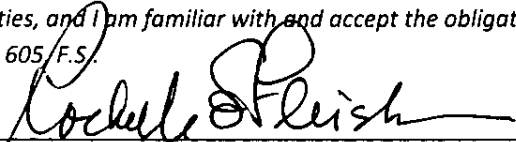
704 Sandringham Drive  
Jacksonville, FL 32225

**Purpose:** The purpose of this LLC is to engage in any lawful activity, including but not limited to acting as trustee.

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:**

**Rochelle S. Fleischmann  
704 Sandringham Drive  
Jacksonville, FL 32225**

*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 Rochelle S. Fleischmann

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**ARTICLE IV:**

The name and address of each person authorized to manage and control the Limited Liability Company:

<b>Title:</b>	<b>Name and Address:</b>
<b>AMBR</b>	<b>Rochelle S. Fleischmann 704 Sandringham Drive Jacksonville, FL 32225</b>
<b>AMBR</b>	<b>Robert L. Fleischmann 704 Sandringham Drive Jacksonville, FL 32225</b>
<b>AMBR</b>	<b>Aaron B. Fleischmann 704 Sandringham Drive Jacksonville, FL 32225</b>
<b>AMBR</b>	<b>Abby B. Fleischmann 704 Sandringham Drive Jacksonville, FL 32225</b>

**ARTICLE V:** Effective date is the date of filing.

**REQUIRED SIGNATURE:**



**Signature of Member Rochelle S. Fleischmann**

*(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)*

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