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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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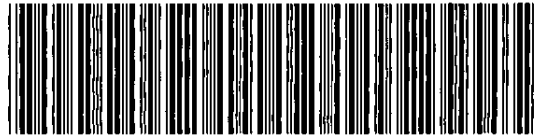
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225-39894

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 15 PM 4:48

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8 Bush JUL 13 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Schmidt Sawmill L.L.C.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Schmidt

Name of Person

Sawmill Company

Firm/Company

P.O.Box 957

Address

Blounstown FL 32424

City/State and Zip Code

S.sawmill@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Schmidt 850 899-0602

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2015

PETER SCHMIDT
PO BOX 957
BLOUNSTOWN, FL 32424

SUBJECT: SCHMIDT SAWMILL L.L.C.
Ref. Number: W15000039894

We have received your document for SCHMIDT SAWMILL L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 915A00012043

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Schmidt Sawmill L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

14102 st.rd. 71 s.

Blounstown FL 32424

Mailing Address:

P.O.Box 957

Blounstown Fl 32424

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Peter Sch,idi

Name

14102 st. rd. 71 s.

Florida street address (P.O. Box **NOT** acceptable)

Blounstown

Fl

32424

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Peter A. Schmitt

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Peter Schmidt

14102 st.rd.71 s.

Blouinstown Fl 32424

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Peter A. Schmidt

Signature of a member or an authorized representative of a member.
(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.)

Peter Schmidt
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)