

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L010000002918

Elmo J. Schitt-
erle, L.L.C.

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****155.00 ****155.00

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

01 FEB 26 AM 9:54
RECEIVED
DIVISION OF CORPORATION

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: Name:

The name of the Limited Liability Company is: ELMO J. SCHIFFERLE, LLC.

ARTICLE II: Address:

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

1605 Main Street, Suite 912
Sarasota, Florida 34236

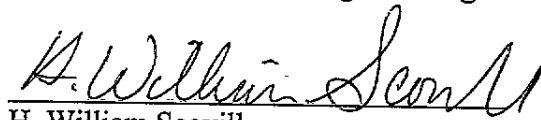
ARTICLE III:

Registered agent, Registered Office, & Registered Agent's Signature:

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

H. William Scovill
1605 Main Street, Suite 912
Sarasota, Florida 34236

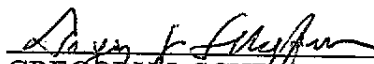
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608, F.S..


H. William Scovill

ARTICLE IV: Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.


ELMO J. SCHIFFERLE


GREGORY J. SCHIFFERLE

APPROVED
AND
FILED
01 FEB 26 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATE OF FLORIDA
COUNTY OF SARASOTA

On this 20th day of February, 2001, before me, a Notary Public, personally appeared ELMO J. SCHIFFERLE and GREGORY J. SCHIFFERLE who executed the above Articles of Organization, and acknowledged the same to be their free act and deed. ELMO J. SCHIFFERLE and GREGORY J. SCHIFFERLE are personally known to me or have produced proper identification.

Personally known ☒ or Produced ID _____

My commission expires:



Evelyn Scovill
MY COMMISSION # CC954393 EXPIRES
September 1, 2004
BONDED THRU TROY FAIN INSURANCE, INC.


Notary Public

APPROVED
AND
FILED
01 FEB 26 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA