

Nov-24-2003 03:24pm

FLORIDA DEPARTMENT OF STATE

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

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TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY

Schmidtlander Associates, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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Nov-24-2003 03:34pm From-DAVID WILLIAMS LAW FIRM PA
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302-575-0925
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T-580 P 002/002 F-894
T-583 P.002/002 F-887

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Schmidtlander Associates, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: P.O. Box 140155, Gainesville, FL 32614

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

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

Agents and Corporations, Inc.
Suite E, 773 4th Avenue North
Naples, FL 34102

Having been named as registered agent and to accept services 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

ARTICLE IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)


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

(In accordance with section 605.405(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paul Samuel Smith

Typed or printed name of signer

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STATE
TALLAHASSEE, FLORIDA

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