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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

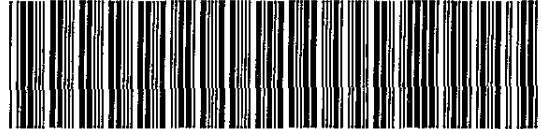
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JAN 2 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCHNEIDER ENTERPRISE LLC
(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:

KEITH W. SCHNEIDER
(Name of Person)

SCHNEIDER ENTERPRISE LLC
(Firm/Company)

11294 PICKFORD ST.
(Address)

SPRING HILL FLA 34609-2548
(City/State and Zip Code)

For further information concerning this matter, please call:

KEITH W. SCHNEIDER at (352) 684-5721 (HOME)
(Name of Person) (Area Code & Daytime Telephone Number) 352 428-9084 (CELL)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

with a check
for 125.00

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Scheerer Enterprise, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

11294 PICKFORD ST.
SPRING HILL FLA
34609-2548

SAME

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

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

Keith W. Scheerer
Name

11294 Pickford St
Florida street address (P.O. Box NOT acceptable)

Spring Hill FL 34609-2548
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Sign X Keith W. Scheerer
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Keith W Scheerer
11294 Pickford St.
Spring Hill, FL 34609-2548

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Sign X Keith W Scheerer
Signature of a member or an authorized representative of a member.

(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.)

Keith W Scheerer
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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