## L05000031539

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000048680140

03/30/05--01024--021 \*\*130,00



T. Brumbley MAR 3 1 2005

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Schiller Enterprises L.L.C. (Name of Limite	d Liability Company)	
(Flame of Emilia	a zmonny (ompany)	
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Paul M. Schiller		
a a a a a a a a a a a a a a a a a a a	Name of Person)	
	Firm/Company)	
1440 S.W. 82nd Terr. #912		
	(Address)	
Plantation / Florida 33324	/State and Zip Code)	·
(Olly)	State and Emp Code)	o
For further information concerning this matter, please	call:	05 17 T
Paul M. Schiller	at ( 240 ) 446-6895	
(Name of Person)	(Area Code & Daytime Te	
Enclosed is a check for the following amount:		
_	<b></b>	:21
\$125.00 Filing Fee \$\mathcal{Z}\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Elling Fee, Certificate of Status &
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING A	nndrss.
Registration Section	Registration S	ection
Division of Corporations 409 E. Gaines Street	Division of Co P.O. Box 632	
Tallahassee, Florida 32399	Tallahassee, F	=

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	me: imited Liability Compar	ny is:	
Schiller Enterprises	L.L.C.	**************************************	
ARTICLE II - A	idress:		
The mailing addre	ss and street address of t	the principal office of the Limited L	iability Company is:
Principal Office	Address:	Mailing Address:	
1440 S.W. 82nd Te	rr. <b>#91</b> 2	1440 S.W. 82nd Terr. #912	
Plantation, FL 3332	4	Plantation, FL 33324	
			<del></del>
		tered Office, & Registered Agent	's Signature:
		tered Office, & Registered Agent'  The registered agent are:	
			's Signature:
	Florida street address of Paul M. Schiller		's Signature:
	Florida street address of Paul M. Schiller	the registered agent are:	
	Florida street address of Paul M. Schiller 1 1440 S.W. 82nd Terr. #9	the registered agent are:	's Signature:
	Florida street address of Paul M. Schiller 1 1440 S.W. 82nd Terr. #9	The registered agent are:  Name	's Signature:

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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

## 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 MGRM Paul M. Schiller 1440 S.W. 82nd Terr. #912 Plantation, FL 33324 MGRM Michelle A. Davis 1440 S.W. 82nd Terr. #912 Plantation, FL 33324 (Use attachment if necessary)

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

**REQUIRED SIGNATURE:** 

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.)

Paul M. Schiller

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)