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Special Instructions to	Filing Officer:			
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## TRANSMITTAL LETTER

- --- -

TO: Registration Sec Division of Cor			
SUBJECT:	Schwarze I	Duplexes, LLC	
SCHOLCI.		Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John	A. Schwarze	
<u></u>	(N	ame of Person)	
	Schwa	rze Duplexes, LLC	
	(F	irm/Company)	
	200 The B	Esplanade N, Unit A-1	
		(Address)	<del></del>
	Ver	nice, FL 34285	
	(City/	State and Zip Code)	
For further information of	concerning this matter, please of	call:	
John A	. Schwarze	. 044	
	of Person)	at ( 941 ) 486-8050 (Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r the following amount:		
<b>Ø</b> \$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)
STRE	ET ADDRESS:	MAILING A	DDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Schwarze Di	uplexes, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
200 The Esplanade N, Unit A-1 Venice, FL 34285	200 The Esplanade N, Unit A-1 Venice, FL 34285	<del></del>
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Sig	nature:
The name and the Florida street address of the re	egistered agent are:	
John A. Schw	/arze	
Name		
200 The Esplanade	·	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	
	FL 34285	
City, State, a  Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis  Registered Agent's	accept service of process for the above his certificate, I hereby accept the apove. I further agree to comply with the prormance of my duties, and I am fantered agent as provided for in Chapt	ppointment as provisions of all miliar with and ter 608, F.S
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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" = Manag "MGRM" = Manag		Name and Address:
MGRM	<del>_</del>	John A. Schwarze 200 The Esplanade N, Unit A-1 Venice, FL 34285
	<u> </u>	
(Use attachment i	if necessary)	
	• •	added if an effective date is requested.
REQUIRED SIG	Ah.	a Schringe
	(In accordance with section	an authorized representative of a member.  1608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury in are true.)
	Typed	ohn A. Schwarze 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)

# · Consent of LLC Members

The members of Schwarze <u>byperses</u>, LLC, a Florida limited liability

company, consent to the following:

Dated: MAY 14 2005
By: John Addriance
John A. Schwarze
Member, Schwarze Duplex &s , LLC
Dated: May 14 2005
,
By: Caroleni Scharazo
Carolyn Schwarze
Member, Schwarze Dupliers LLC