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(Requestor's Name)	
(,	Address)	_
(Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	to Filling Officer:	
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-\.	Office Use Only	
Form = = Formyer = =	UCC	
Acknowledgeme <u>nt</u>	DCC	
V. P. Verifyer	DCC	



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2005 JUN -7 P 12: 55
SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: JEN SCHNEIDER LLC		
(Name of Limite	d Liability Company)	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
JEN SCHNEIDER		
	Name of Person)	
JEN SCHNEIDER LLC		
	Firm/Company)	
2609 HARGILL DRIVE	(Address)	
	,	
ORLANDO, FL 32806		
(City)	/State and Zip Code)	······································
For further information concerning this matter, please	call:	
JEN SCHNEIDER	at (407) 765-8259	
(Name of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:		71005 . SECR
☐ \$125.00 Filing Fee	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Of Status & Certificate Opy (additional copy istencioses)
STREET ADDRESS: Registration Section	Registration S	DDRESSOM 55
Division of Corporations 409 E. Gaines Street	Division of Co P.O. Box 6322	
Tallahassee, Florida 32399	Tallahassee, F	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JEN SCHNEIDER LLC	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2609 HARGILL DRIVE ORLANDO, FL 32806	SAME
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r	
JEN SCHNEIDER	
Name	
2609 HARGILL DRIVE	
Florida street add	iress (P.O. Box <u>NOT</u> acceptable)
liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all or formance of my duties, and lam familiar with and stered agent as provided for in Chapter 608, F. T.

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	JEN SCHNEIDER 2609 HARGILL DRIVE ORLANDO, FL 32806
(The etterlar and if a second and a second a	
(Use attachment if necessary)	
NOTE: An additional article mus	st be added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a menul	ber or an authorized representative of a member.
of this document con that the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of peninty I herein are true.)
JEN SCHNEIDER	yped or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of Org of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Options)	anization and Designation