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(Re	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Document Number)		
Certified Copies	Certificates	of Status
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TRANSMITTAL LETTER

TO: Registration Security Division of Cor			
SUBJECT:	Chafer Holding	S LLC I Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	ibmitted for filing.	
Please return all correspo	ondence concerning this matter	Schafe Name of Person)	
<u> </u>	Couth Biscoyne Bi	irm/Company) W. Surk 1100 - M. (Address)	nami Cente
	Mani, FL 3		
For further information of Agrandation of Name	concerning this matter, please of Person)	call: at (305) 373 (Area Code & Daytime To	-1000 elephone Number)
Enclosed is a check for	r the following amount:		
\$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)
	ET ADDRESS:	MAILING A	764 ·

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 Comp	any is:
Schafer Holdings	LLC
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
201 South Biscoyne Blut. South 1100-Migai Center Migai, FL 33131-4327	201 South Biscopne Blub. Suite 1100-Magni Center Migmi, FL 33131-4327
ARTICLE III - Registered Agent, Reg	istered Office, & Registered Agent's Signature:
The name and the Florida street address	of the registered agent are:

Name
Name

No. Schafe

Name

No. South Brocayne Blw., Swite 1100

Florida street address (P.O. Box NOT acceptable)

Miami, FL 33/31-4327 City, State, and Zip

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)

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

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Signature of a paember 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.)

ped 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)