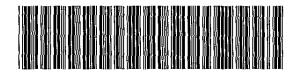
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(Re	equestor's Name)	
(Ad	dress)	<u> </u>
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Schmick Properties (Name of Limite	operfies LLC ed Liability Company)	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Edward Rap	Pant T Name of Person)	
	(Firm/Company)	Pur or and
800 Fairmey Drive	Solk 370 (Address)	DE AUG 19 PM 1: 26 TALLAHASSEE, FLORIG
Deerfield Be	ach FL 3346 (State and Zip Code)	HI :26
For further information concerning this matter, please	call:	
Eduard Lappapart (Name of Person)	at (679) 522 (Area Code & Daytime To	6/46 elephone Number)
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Schnick Properties, 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:
800 Fairman Drive 800 Fairman Drive Suite 378 Deer field Beach, Fl 33441 Deer field Beach, FL 33441
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures
The name and the Florida street address of the registered agent are:
Edward Rappaport
Name
Name 800 Fair way Drive Sulfe 370 Florida street address (P.O. Box NOT acceptable)
Deer field Beach FL 3344/ 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

(CONTINUED)

Registered Agent's Signature

ARTICLE IV- Manager(s) of the name and address of each	or Managing Member(s): Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGRM	Edward Raffaport 800 Fairman Drive St370 Ocerfield Beach, FL 33441
(Use attachment if necessary)	All Asset
REQUIRED SIGNATURE:	le must be added if an effective date is requested.
(In accordanc of this docum that the fact	e with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury is stated herein are true.) Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)