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SECRETARY OF STAIL DIVISION OF CERFORATION OF CERFORATION





COVER LETTER

Registration Section

TO:

Division of Cor	porations	- -		
SUBJECT: JAMES	M SCHMUACHER, I	LLC		
	(Name of Limited	d Liability Company)		
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
JAMES M S	SCHMUACHER			
	(1	Name of Person)	2	DIVĬ
JAMES M S	SCHMUACHER, LLO	C		2006 APR -5 PM 2: 2
<u> </u>	(Firm/Company)		2 - 5
7600 OLD	PLANK ROAD			ORFO
		(Address)		2: 2
JACKSON	IVILLE, FL 32220			<u>~</u> 9
	(City,	/State and Zip Code)		
For further information	concerning this matter, please	call:		
JAMES M SCHM	IUACHER	at (904) 695-189	6	
(Name	of Person)	(Area Code & Daytime To	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 Certificate of Stat Certified Copy (additional copy is en	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the Emitted Diability Company is.		
JAMES M SCHMUACHER, LLC		
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
The mailing address and street address of the pri		ny is:
Principal Office Address:	Mailing Address:	SECRI JIVISION
7600 OLD PLANK ROAD	SAME	무유무
JACKSONVILLE, FL 32220		82
	P	F STA
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		ATION
The name and the Florida street address of the re-	egistered agent are:	
JAMES M SCHMUACHER		
Name		
7600 OLD PLANK ROAD		
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	
JACKSONVILLE	FL 32220	
City, State, a	nd Zip	
77 * 7	t	لتمانيين

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 (REQUIRED)

(CONTINUED) Page 1 of 2

EFFECTIVE DATE
4-3-06

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member	
MGR/MGRM	JAMES M SCHUMACHER 7600 OLD PLANK ROAD
	JACKSONVILLE, FL 32220
	2006
	16 APR
	75 C
	P1
(Use attachment if necessary)	
	41 - 1-4 - 6 C1' 04/03/06 (ODTIONIAL)
CLE V: Effective date, if other than	the date of filing: 04/00/00 . (OPTIONAL)
	the date of filing: 04/03/06 . (OPTIONAL) at be specific and cannot be more than five business days p

of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JAMES M SCHUMACHER

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution

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)