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(Re	questor's Name)
(Ad	dress)	
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•	•	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	
		7-11.8
	Office Use Or	



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COVER LETTER

Division of Cor					
suвјест: <u></u> ろし		Umblue, "LLC Liability Company)	0 ()		
The enclosed Articles of	Organization and fee(s) are sul	bmitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
Rich	ned DARWIN	MAINHART Jame of Person)			
_Sch	umacher P	lumbing 1/LC) ji	06	
573	4 Jeffrey	Point	PECONE.	06 JUL 10 PM 2: 07	FI
	•	(Address)	SA	0 P	凹
Home	OSASSA, Flor	ida 34446		의 : : : : : : : : : : : : : : : : : : :	
***************************************	(City/S	State and Zip Code)) RIU	爲 5	
For further information c	oncerning this matter, please ca	all:	٧	•	
Richard	MAINHART (at (<u>727</u>) <u>505</u> (Area Code & Daytime Tel	ephone 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)	,	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Al	RT	ľ	CI	$\mathbf{L}\mathbf{E}$	I	_	N	am	e:
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The name of the Limited Liability Company is:

Schunacher Plumbing, "LLC"

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
5734 Jeffrey Point Hommassa, Florida 34446	5734 Jeffrey Point Homosassa, FLorida	54446
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another	10F JUL
The name and the Florida street address of the re	ino in	IO PM

5734 Jeffrey Foint

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

Homosasa, FL 34446

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)

Name and Address:
Richard D. Mainhart 5734 Jeffrey Point Homosassa, FL. 34446
JAMES E. Schumacher 6711 N. Broken Arrow Tanil Hernando, FL. 34442 THE STATE OF STA
e of filing: (OPTIONAL) specific and cannot be more than five business days

Signature of a member 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.)

Richard D. Mainhart

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)