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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

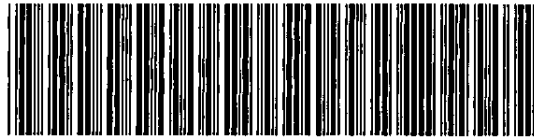
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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**FIRST TAMPA FINANCIAL GROUP**

*3811 W. Sligh Avenue  
Tampa, Florida 33614  
Tel/Fax (813) 239-2131  
vschroeder@msn.com*

**FAX TRANSMITTAL**

TO: Brenda	FROM: Vern Schroeder
COMPANY: Div. of Corporations	Date: 3-13-07
Fax: 850-245-6030	Total Pages, including cover: 6

Brenda:

We spoke this morning about my submitting a replacement LLC registration.

Attached is the revised LLC application.

I have sent the other LLC application by mail and this replaces that.

I included a check for \$125.00 with the other application.

Please notify me by fax of your replacing the mailed LLC application.

Thanks,



Vern Schroeder  
813-239-2131 Tel/Fax

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DRS of Greater Orlando, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vernon T. Schroeder

(Name of Person)

1st Tampa Financial Group

(Firm/Company)

3811 W. Sligh Avenue

(Address)

Tampa, FL 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

Vern Schroeder

(Name of Person)

at ( 813 ) 239-2131

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

DRS of Greater Orlando, 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:**

3811 W. Sligh Avenue

Tampa, FL 33614

**Mailing Address:**

6408 N. Julie St.

Tampa, FL 33610

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jason Schroeder

Name

17865 Lake Carlton Drive

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

Lutz,

FL 33558

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 (REQUIRED)

(CONTINUED)

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**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

**Name and Address:****Managing Member**

Vernon T. Schroeder

6408 N. Julie St.

Tampa, FL 33610

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

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.)

Vernon T. Schroeder

Typed 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)**