

L07000055219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

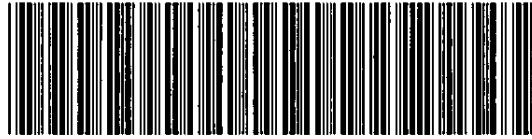
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FILED

07 MAY 24 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

07 MAY 24 AM 10:43

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

FILED  
07 MAY 24 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: TRACY SPEAR

DATE: 05/24/07

REF. #: 000174.68898

CORP. NAME: SCHERERMERICA, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 521439 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

# ARTICLES OF ORGANIZATION

SCHERERMERICA LLC,  
a Florida limited liability company

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

SCHERERMERICA LLC

## ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

7815 16th Avenue NW  
Bradenton, Florida 34209

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:


Craig A. Scherer  
7815 16th Avenue NW  
Bradenton, Florida 34209

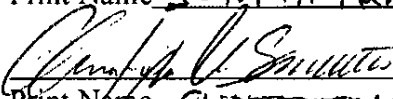
## ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the  
21 day of May, 2007.


WITNESSES:


  
Print Name Seth H. Kardos

  
Print Name CHRISTOPHER H. SAMAND

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

  
Craig A. Scherer

  
Karen L. Holland Scherer

“MANAGERS”

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

SCHERERMERICA LLC

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

Craig A. Scherer  
7815 16th Avenue NW  
Bradenton, Florida 34209

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: \_\_\_\_\_

5.21.07

  
\_\_\_\_\_  
Craig A. Scherer

"REGISTERED AGENT"