## 10000191179

(Requestor's Name)				
(Address)				
(Address)				
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		DB		

Office Use Only

EFFECTIVE DATES 2807



500108840345

09/05/07--01019--025 \*\*130.00

07 SEP -5 PH 3:

## **COVER LETTER**

TO: Registration Se Division of Co				
<sub>SUBJECT:</sub> Schma	nndes, LLC			
	(Name of Limite	d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	oondence concerning this matte	er to the following:		
Carl W Ells	•			<del></del>
	(	Name of Person)		
Ellsperman	n Wood & Trow			
	(	Firm/Company)	_	
1111 NE 25th Avenue Suite 202		07\$		
		(Address)	AHA	E.J.
Ocala, Fl 34470		2		
	(City	/State and Zip Code)	다. 	P :
For further information	concerning this matter, please	call:	STATE LORIDA	ည် သ
Carl W Ellspermann at ( 352 ) 732-3828				
(Name	e of Person)	(Area Code & Daytime T	'elephone Number)	
Enclosed is a check for	or 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 State Certified Copy (additional copy is end	us &
	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	ons r Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:		
Schmanndes, 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 t	the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1111 NE 25th Avenue Suite 202 Ocala, Fl 34470	1111 NE 25th Avenue Suite 202 Ocala, Fl 34470		
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Carl W Ellspermann  1111 NE 25th Avenue	Name FLOT		
	ect address (1.0. Box NOT acceptable)		
Ocala, Fl 34470 City, S	FLState, and Zip		
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple	and to accept service of process for the above stated limited the second in this certificate, I hereby accept the appointment as a pacity. I further agree to comply with the provisions of all the ete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S		

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 8.8807

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

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

Title:		Name and Address:
"MGR" = Mana "MGRM" = Ma	ger naging Member	
MGR <b>/Y</b>		Carl W Ellspermann
more,	<del></del>	1111 NE 25th Avenue Suite 202
		Ocala, FI 34470
		Odala, 11 3447 0
	<del></del>	
	<del></del>	
	<del></del>	
an effective date is li or 90 days after the d	sted, the date must b late of filing.)	e date of filing: August 28, 2007 (OPTIONAL)  De specific and cannot be more than five business days prior
<u>REQUIRED</u> SI	IGNATURE:	
		A SI
	Signature of a member	er or an authorized representative of a member.
		The state of the s
	of this document const that the facts stated l	
	Carl W Ellspermann	
		yped or printed name of signee $\mathcal{G}_{\mathcal{F}}^{\mathcal{O}}$ $\mathcal{G}$
		<b>克克</b> 克
Filing Fee:	<u>s:</u>	$\triangleright$

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)