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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUL - 8 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASTRID SCHUTT-AINE, PH.D., 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:

Astrid Schutt-Aine

(Name of Person)

Astrid Schutt-Aine, Ph.D., LLC.

(Firm/Company)

9010 SW 137 Avenue, Suite 222

(Address)

Miami, Florida 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

Astrid Schutt-Aine

(Name of Person)

at (305)

387-8289

(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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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Astrid Schutt-Aine, Ph.D., LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

9010 SW 137 Avenue

Suite 222

Miami, Florida 33186

Mailing Address:

9010 SW 137 Avenue

Suite 222

Miami, Florida 33186

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:

Astrid Schutt-Aine

Name

14211 SW 97 Terrace

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

Miami

FL

33186

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.

Astrid Schutt-Aine

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGRM" = Managing Member

Name and Address:

Astrid Schutt-Aine
9010 SW 137 Avenue, #222
Miami, Florida 33186

Patricia Schutt-Aine
14211 SW 97 Terrace
Miami, Florida 33186

Nancy Schutt-Aine
14211 SW 97 Terrace
Miami, Florida 33186

ARTICLE V: Effective date, if other than the date of filing: 07/01/2008. (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.)

2000 JUL -7 12:11
STATE TARIFF STATE
HILL ABASSIST, LORIDA
(OPTIONAL business day)

REQUIRED SIGNATURE:

Astrid Schutt-Jeis
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.)

Astrid Schutt-Aine
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)