

L09000006556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

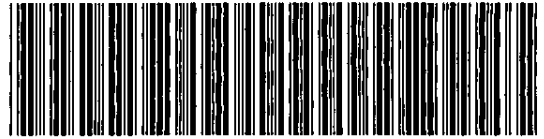
W08-277
(replied to call)

A. LUNT

JAN 21 2008

EXAMINER

Office Use Only



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01/05/09--01033--022 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN 20 PM 3:46

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2009

G. KEVIN SCHMIEDER
1072 CHOKECHERRY DR.
WINTER SPRINGS, FL 32708

SUBJECT: RECESSION PROOF RESEARCH INC. LLC
Ref. Number: W09000000777

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

We have received your document for RECESSION PROOF RESEARCH INC. LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 609A00000621

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RecessionProof Research Inc. 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:

G. Kevin Schmieder
(Name of Person)

(Firm/Company)

1072 ChokeCherry Dr.
(Address)

Winter Springs, FL 32708
(City/State and Zip Code)

For further information concerning this matter, please call:

G. Kevin Schmieder at (407) 421-3156
(Name of Person) (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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SECRETARY OF STATE
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:

Recession Proof Research [REDACTED] "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:

G. Kevin Schmieder
1072 ChokeCherry Dr.
Winter Springs, FL. 32708

Mailing Address:

G. Kevin Schmieder
1072 ChokeCherry Dr.
Winter Springs, FL. 32708

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:

WanWisa Schmieder

Name

1072 ChokeCherry Dr.

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

Winter Springs, FL. 32708

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..

WanWisa Schmieder

Registered Agent's Signature (REQUIRED)

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Page 1 of 2

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TALLAHASSEE
FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

G. Kevin Schmieder

1072 Choke Cherry Dr.
Winter Springs, Fl. 32708

MGRM

Wan Wisa Schmieder

1072 Choke Cherry Dr.
Winter Springs, Fl. 32708

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan. 10, 2009 (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:

G. Kevin Schmieder

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.)

G. Kevin Schmieder

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)