

03-04-10 03:4 PM FROM-
Division of Corporations

L100000024887

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000050387 3)))



H100000503873ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet

L. SELLERS

MAR - 5 2010

EXAMINER

To:

Division of Corporations
* Fax Number : (850) 611-6363

From:

Account Name : AKERMAN SENTFELT (MIAMI)
Account Number : 075471001303
Phone : (305) 374-5600
Fax Number : (305) 374-5095

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
10 MAR -4 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
SCHROEDER CONSULTING LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FILED
10 MAR -4 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(H10000050387 3)

**ARTICLES OF ORGANIZATION
OF
SCHROEDER CONSULTING LLC**
In compliance with Chapter 608 of the Florida Limited
Liability Company Act

ARTICLE I: - Name

The name of the Limited Liability Company is **SCHROEDER CONSULTING LLC**

ARTICLE II: - Address

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

**242 Kenlyn Road
Palm Beach, Florida 33480**

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

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

**Schroeder Associates LLC
242 Kenlyn Road
Palm Beach, Florida 33480**

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.

Schroeder Associates LLC, Registered Agent

By. Mark Schroeder
Name: Mark Schroeder
Title: Member

FILED
10 MAR -4 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(H10000050387 3)

(H10000050387 3)

ARTICLE IV; - Management

☒ The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.



Mark Schroeder, Authorized Signer

(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)

Mark Schroeder

Typed or printed name of signer

FILED
10 MAR -4 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(H10000050387 3)