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## **COVER LETTER**

Registration Section
Division of Corporations

SUBJECT: A E Scherer, LLC						
	Name of Limite	d Liability Compa	ıny			
The enclosed Articles of	Organization and fee(s) are a	submitted for filing	<b>3</b> -			
Please return all correspondence concerning this matter to the following:						
Stephen R. Bernstein, Esq.						
	Name of Person					
S.R. Bernsteir	n, PC					
		Firm/Company				
31731 Northwestern Hwy., Ste 166W						
Address						
Farmington Hills, MI 48334						
-41	•	y/State and Zip Code	<b>;</b>			
srblaw@aol.co	E-mail address: (to be used f	or future annual repo	ort notification)			
For further information concerning this matter, please call:						
Stephen R. Bernste	in	at ( 248	)538-6082			
	of Person		& Daytime Telephone Number			
Enclosed is a check for	r the following amount:					
<b>23\$</b> 125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Co (additional cop	py Certificate of Stat	us &		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton E 2661 Exe	osurier Address ion Section of Corporations Building ecutive Center Circle see, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	r is:	
A E Scherer, LLC		<u></u>
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	a minoinal office of the T imited Ligh	ilitu Compony io:
The mailing address and street address of the	e principal office of the Limited Liab	mity Company is.
Principal Office Address:	Mailing Address:	
7025 Southport Dr. Boynton Beach, FL 33472	PO Box 740525, Boynton Beach, FL 33474	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's S legistered Agent. You must designate an individu	al or another
The name and the Florida street address of t	he registered agent are:	FILI 10 AUG 11 SECRETARY ALLAHASSE
A. Edward Scherer		FIL 3 11 TARY TASSE
N	ame	'.''
7025 Southport Dr,		ED PM 12: 1,7 ( Of state EE, Florid
Florida stree	t address (P.O. Box NOT acceptable)	M 12: 4.7 F STATE FLORID
Boynton Beach,	FL 33472	DA mi
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

## 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" = Manager "MGRM" = Managing Member		
MGRM	A. Edward Scherer	
<del></del>	7025 Southport Dr.	<del></del>
	Boynton Beach, FL 33472	
		<del></del>
		<del></del>
		<del></del>
(Use attachment if necessary)		
CLE V: Effective date, if other than the	e date of filing: (O	PTIONAL)
effective date is listed, the date must less after the date of filing.)	be specific and cannot be more than five busi	ness days prior
		<b>1</b>
REQUIRED SIGNATURE:		E S
	- 00	AUG 11  URETAR)  LAHASS
	No bland	
Signature of a memb	per or an authorized representative of a member.	THOUSE TO SE
(In accordance with so of this document const that the facts stated h	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)	ARY OF STATE
A. Edward Scherer		

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)

Typed or printed name of signee