

L10000120415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

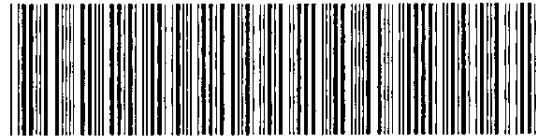
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV 19 PM 1:28

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CONTACT: KATIE WONSCH

DATE: 11/19/2010

REF. #: 001495.136669

CORP. NAME: SCHABAR RESEARCH ASSOCIATES LLC

- | | | |
|--|---|---|
| ☐ ARTICLES OF INCORPORATION | ☐ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☒ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | | |
| ☐ OTHER: | | |

STATE FEES PREPAID WITH CHECK# 537493 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| ☒ CERTIFIED COPY | ☐ CERTIFICATE OF GOOD STANDING | ☐ PLAIN STAMPED COPY |
| ☐ CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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10 NOV 19 PH 11:28

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCHABAR RESEARCH ASSOCIATES LLC

ARTICLE II - Address:

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

4300 South U.S. Highway
Suite 203, Jupiter, FL 33477
Attn: Dr. Bernard Schachtel

ARTICLE III - Purpose:

The nature of the business to be conducted by and the purpose of the limited liability company are to engage in any lawful act or activity for which a limited liability company may be organized under the laws of the State of Florida.

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

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

Dr. Bernard Schachtel
4300 South U.S. Highway
Suite 203, Jupiter, FL 33477

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

ARTICLE V – Manager(s) or Managing Member (s):

The name and address of each Manager is as follows:

Title:

Name and Address:

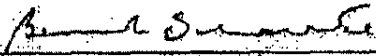
Manager

Stanley Barshay

Manager

Dr. Bernard Schachtel

REQUIRED SIGNATURE:



Dr. Bernard Schachtel

(In accordance with Section 608.408(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)