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SECRETARY OF STATE
DIVISION OF CORPORATIONS

B Tadlock FEB 23 2011

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF
JANET SCHAARE, LLC**

TRANSMITTAL LETTER

To: Registration Section, Limited Liability Company, Division of Corporations

The enclosed Articles of Organizaiton and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Janet Schaare
3519 Wading Heron Terr
Oviedo, FI 32766**

For further information concerning this matter, please call:

Janet Schaare at (407) 359-5083

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF
JANET SCHAARE, LLC**

The undersigned subscriber to this Limited Liability Company, a natural person competent to contract, hereby forms a LLC under the laws of the State of Florida.

ARTICLE I. NAME

The name of this LLC shall be: **JANET SCHAARE, LLC**

ARTICLE II. MAILING ADDRESS OF LLC

The principal place of business and mailing address of this LLC shall be:
**JANET SCHAARE, LLC
3519 WADING HERON TERRACE
OVIEDO, FL 32766**

ARTICLE III. REGISTERED AGENT

The street address of the registered office of the LLC shall be:
**3519 WADING HERON TERRACE
OVIEDO, FL 32766**

The name of the registered agent of the LLC shall be:
Janet Schaare

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, FS.

Signature of registered agent

A handwritten signature in black ink, appearing to read 'Janet Schaare', is written over a horizontal line.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF
JANET SCHAARE, LLC**

ARTICLE IV. MANAGER/MANAGING MEMBER

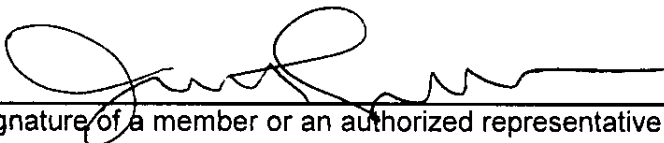
The name and address of each Manager or Managing Member is as follows:

Janet Schaare Manager
3519 Wading Heron Terr
Oviedo, FL 32766

Signature: _____



REQUIRED SIGNATURE:



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.)

Janet Schaare

Typed or printed name of signee