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Effective Date 3/25/11

11 MAR 28 AM ID: 06

T. HAMPTON

MAR 2 9 2011

EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BoyD. Schmidlin 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:
Boyd Schmidlin
Boyd Schmidlin  Name of Person  Boyd Schmidlin  Firm/Company
1821 CARIBBEAN Rd W
Address
WEST PARM BEACH FL 33406
Boyd. Schmidin (Danai). COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Boyd Schmidlin at 734, 680-6997  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S155.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## Effective Date 3/25/11

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limite	ed Liability Company is:
Boya	d. Schmidlin LLC
(Musi en	d with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addres The mailing address an	ss: d street address of the principal office of the Limited Liability Company is:
Principal Office Addr	<u>Mailing Address:</u>
Boyd Schn	1821 CARIBBEAN WEST Porm BEACK FL 33406
The Limited Liability Comparbusiness entity with an active  The name and the Flori	tered Agent, Registered Office, & Registered Agent's Signature: ny cannot serve as its own Registered Agent. You must designate an individual or another Florida registration.)  Ida street address of the registered agent are:  Soyd Schmidlin  Name  821 CARL BEAN Rd W  Florida street address (P.O. Box NOT acceptable)  EST PALM BOACHE 33406  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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	BOYD B SCHMIDL iN 1821 CARRIBBEAN Rd W WEST FALM BEACK FL 33400
	West Paru Beach FL 33406

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 25 201). (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:** 

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Boys Schmibling
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)

DIVISION OF CURPURATION: