11000037990

(Requestor's Name)
(Address)
(Address)
,
(City/Chata/7in/Obana 49
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
. (Document Number)
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Certified Copies Certificates of Status
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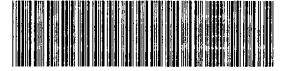
Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

Division of Corpor			
_{SUBJECT:} Schweitz	er Family, LL0		
SUBJECT:		ed Liability Company	······································
The analoged Articles of Ore	anization and foo(a) are	submitted for filing	
The enclosed Articles of Org	• • • • • • • • • • • • • • • • • • • •	_	
Please return all corresponde	nce concerning this matt	er to the following:	
Michael J. S	Schweitzer		· · · · · · · · · · · · · · · · · · ·
		Name of Person	
		Firm/Company	
903 Via Lom	bardy		
		Address	
Winter Park, F	L 32789		
	_	y/State and Zip Code	
mikesmmi@aol E		or future annual report notification)	
For further information conce	erning this matter, please	call:	
Michael J. Schweitze	er	at (321) 3567625	
Name of Per	rson	Area Code & Daytime Telep	phone Number
Enclosed is a check for the	following amount:		
	30.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.	ailing Address egistration Section ivision of Corporations O. Box 6327 Illahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Schweitzer Family, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
Principal Office Address:	Mailing Address:			
903 Via Lombardy	903 Via Lombardy			
Winter Park, FL 32789	Winter Park, FL 32789			
	stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another of the registered agent are:			
Media Marketing I	nsights, Inc.			
	Name			

Name

903 Via Lombardy

Florida street address (P.O. Box NOT acceptable)

Winter Park, FL 32789

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..

egistered Agent's Signature (REQUIRE

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

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

MGRM	Michael J. Schweitzer
	903 Via Lombardy Winter Park, FL 32789
	Willer Faik, I L 32703
MGR	Jane M. Schweitzer
	903 Via Lombardy
	Winter Park, FL 32789
(Use attachment if necessary)	
	an the date of filing: April 1, 2011 . (OPTI

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.817.153, F.S.)

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)