

L11VVVV60331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

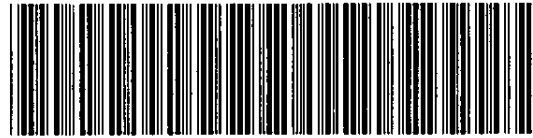
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 MAY 23 AM 10:26
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B. KOHR

MAY 23 2011

EXAMINER

EFFECTIVE DATE 5/20/2011

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
11 MAY 23 PM 12:44

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

FILING COVER SHEET
ACCT. #FCA-14

EFFECTIVE DATE

5/20/2011

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 23 PM 12:45

CONTACT: Kim Weidenbach

DATE: 05/23/11

REF. #: 001554.148467

CORP. NAME: SCHUMAKE AND WILCOX, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 539896 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

EFFECTIVE DATE

5/20/2011

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 23 PM 12:45

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

**ARTICLE I
NAME**

The name of the Limited Liability Company is: SHUMAKE AND WILCOX, LLC.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 2338 SE CR 21B, Melrose, FL 32666.

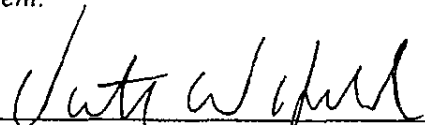
**ARTICLE III
EFFECTIVE DATE**

The Limited Liability Company shall be effective as of May 20, 2011.

**ARTICLE IV
REGISTERED AGENT, REGISTERED OFFICE,
AND RESIDENT AGENT'S SIGNATURE**

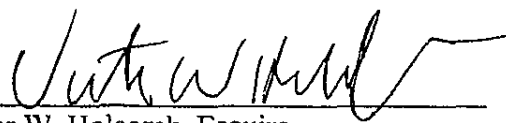
The name and the Florida street address of the registered agent are Victor W. Holcomb, Esquire, 3203 W. Cypress St, Tampa, Florida 33607.

Having been named as registered agent and to accept service of process for the above-named 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 provision 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.



Victor W. Holcomb, Esquire

IN WITNESS WHEREOF, the undersigned representative hereby acknowledges that, in accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Victor W. Holcomb, Esquire