

L12000021794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

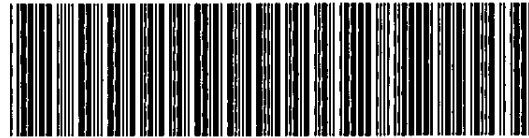
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
FEB 14 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Del Schmidty LLC
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:

Heather M. Delgado

Name of Person

Del Schmidty LLC

Firm/Company

117 Bowfin Dr.

Address

Satsuma FL 32189

City/State and Zip Code

Delschmidty@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather M. Delgado

Name of Person

at (305) 301-4780

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 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)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Del Schmidtty LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Heather M. Delgado
117 Bowfin Dr.
Satsuma, FL 32189

Mailing Address:

Same

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Heather M. Delgado

Name

117 Bowfin Dr

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

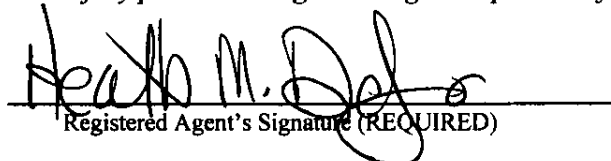
Satsuma

FL 32189

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

David J. Schmidt
12112 Covered Bridge Road
Sellersburg, In 47172

MGR

Heather M. Delgado
117 Bowfin Dr.
Satsuma, FL 33189

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

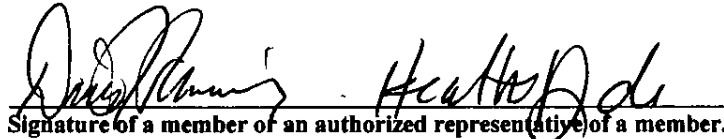
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ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 of 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.)

David J. Schmidt/ Heather M. Delgado

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)

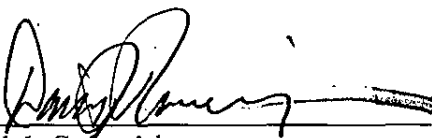
Del Schmidtty LLC
117. Bowfin Dr
Satsuma, FL 32819
305 301 4780

January 25, 2012

Agreement of Operations

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TALLAHASSEE, FLORIDA

1. The investor shall be reimbursed for any expenses before any profits are taken. The profits shall then be split 40/40 with the final 20% being reinvested.
2. Buy- out – If one party wishes to buy out the other, with their permission, it will be the cost of whatever has been invested into the reinvestment pot.
3. Upon death of either party – either surviving family (estate) is allowed to buy-out the deceased partner's share.


David J. Schmidt


Heather M. Delgado