L12000108880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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AUG 23 2012

EXAMINER

600238079486

08/06/12--01022--005 **130.00

FILED

12 AUG -6 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Mike Scholer Restorations, 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:

Mike Scholer
Name of Person

Mike Scholer Restorations, LLC
Firm/Company

6509 Brandon Circle
Address

Riverview, FL. 33578
City/State and Zip Code

msr@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Scholer at (813) 677-7680
Name of Person 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

August 21, 2012

Florida Department of State
Division of Corporations

Mike Scholer
6509 Brandon Circle
Riverview, FL 33578

RE: Mike Scholer Restorations, LLC
Ref. # W12000041673

Speaking to an employee there we were told that if we sent this letter stating that we were not going to renew the, Mike Scholer Restoration, Inc., incorporation that the name Mike Scholer Restorations, LLC would then be acceptable.

We have no intentions of renewing the corporation, but are attempting to do an LLC instead.

Thank you,

Mike Scholer
813-390-0694

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Mike Scholer Restorations, 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:	**Mailing Address:**
Mike Scholer Restorations LLC 6509 Brandon Circle Riverview, FL 33578	Mike Scholer Restorations P. O. Box 22 Riverview, FL. 33568

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:

Mike Scholer
Name

6509 Brandon Circle
Florida street address (P.O. Box **NOT** acceptable)

Riverview FL 33578
City, State, and Zip

FILED
12 AUG -6 PM 3:00
SECRETARY OF STATE
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..

X
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	Mike Scholer 6509 Brandon Circle Riverview, FL 33578

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8-3-2012 . (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:

X _____
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.)

Mike Scholer
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)