

# L 15000047324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W15-10934 Business  
RA

Office Use Only



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02/03/15--01002--026 \*\*130.00

FILED  
2015 FEB -3 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
MAR 17 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2015

JAMES W. SCHAEFFER  
15230 BRIARCREST CIR.  
FORT MYERS, FL 33912

SUBJECT: SCHAEFFER REAL ESTATE LLC  
Ref. Number: W15000010934

15 MAR 10 AM 10:00  
RECEIVED  
DIVISION OF CORPORATIONS  
INFORMATION SERVICES

We have received your document for SCHAEFFER REAL ESTATE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 715A00003130

— CORRECTED —

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Schaeffer Real Estate 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:

James W Schaeffer  
Name of Person

Schaeffer Real Estate LLC  
Firm/Company

15230 Briarcrest Cir  
Address

Fort Myers, FL 33912  
City/State and Zip Code

fisherdavis@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Schaeffer at ( 317 ) 828-7785  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Schaeffer Real Estate 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:

15230 Briarcrest Cir  
Fort Myers, FL 33912

15230 Briarcrest Cir  
Fort Myers, FL 33912

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:

James W Schaeffer  
Name

15230 Briarcrest Cir  
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers FL 33912  
City 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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

James W Schaeffer  
15230 Briarcrest Cir  
Fort Myers, FL 33912

Laura L Schaeffer  
15230 Briarcrest Cir  
Fort Myers, FL 33912

FILED  
2018 FEB -9 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01-28-2015 (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

James W Schaeffer

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)**