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SECRETARY OF STATE ALLIAHASSEE FLORID

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Elizabeth Schmidt, LLC Name of Limited Liability Company
1.,
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth Schmidt
Name of Person
· ·
Firm/Company
• •
1417 Litchem Road
Address
Apopka, Florida 32712 Ebeth 0370 Not mail. com
Ebeth 0370 Not mail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth Schmidt at (407) 928-3887
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: The name of the Limited Liability Company is:
Elizabeth Shmidt, 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: Litchem Road
Apoply Floridy 32712
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
Florida street address (1.0. Box 1001 acceptable)
Apopka, Florida 327/2 City State Zip
tiving been named as registered agent and to accept service of process for the above stated limited liability company at the accept service designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I there agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I i familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REOUIRED)

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	
) h . C . C	
MPK	Sanaford Mark
	Apoply jelvida sanja
AMBR	Sanford Mack Est &
	1417 Litchem Rate
	Approx Pr. Same
of filing.)	pecific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.) If the date inserted in this block does not ament's effective date on the Department.	meet the applicable statutory filing requirements, this date will not be
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ARTICLE IV-