## L16000231782

(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:			

Office Use Only

W160068465

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T. SCOTT



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2016

DEAN SCHMALTZ 1125 N. HAMBLETORIAN DR HERNANDO, FL 34442

SUBJECT: DEAN SCHMALTZ, LLC Ref. Number: W16000068465

We have received your document for DEAN SCHMALTZ, 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):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Registered agent must have Florida street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 016A00023501

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District of Commenting DO DOV COOR Mellaharra Florida 2021

## **COVER LETTER**

	gistration Section vision of Corporations	4 · · · · · · · · · · · · · · · · · · ·
SUBJECT:	Dean Schmatt.	z "L'LC"
		mited Liability Company
The enclosed	d Articles of Organization and fee(s) a	are submitted for filing.
Please return	n all correspondence concerning this n	natter to the following:
_	Jean J	Chn9/tz
		Name of Person
	Dean Sch	matte "ILC"
<del>-</del>		Firm/Company
	1125 N.	Hambletonian Drive.
	,	Address
_	Hernando	, FL 34442
_	irish de	Ciry/State and Zip Code
	E-mail address: (to be used	d for future annual report notification)
For further info	formation concerning this matter, please	se call:
ح		317 659-8163 Area Code Daytime Telephone Number
England is a	check for the following amount:	
	check for the following amount:	Telss on Filing For & Telso on Filing For
3125.00 Filir	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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:
(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:
1125 N, Hambletonian DR. Jame
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:
Near Schmattz
1125 N. Hambletonian, BR.
Florida street address (P.O. Box <u>NOT</u> acceptable)
City FI. 34.476
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
Neon Johnson
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

-	authorized to manage and control the Limited Liability
Company:	, , , , ,
Title: "AMBR" = Authorized Member "MGR" = Manager	'Name and Address:
AMBR	Denise Schmalte. 1125 N. Hansletonian DR. Hernando, FL 34442
(Use attachment if necessary)	
If an effective date is listed, the date must o or 90 days after the date of filing.)	date of filing: (OPTIONAL)  be specific and cannot be more than five business days price the applicable statutory filing requirements, this date will not be listed as the seconds.
ADTICLE M. Od	
AKTICLE VI: Other provisions, if any.	
AKTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	nod
REQUIRED SIGNATURE:  Signature of a member This document is executed in act I am aware that any false inform constitutes a third degree felony	or an authorized representative of a member.  Agricance with section 605.0203 (1) (b), Florida Statutes.  ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
Signature of a member This document is executed in act I am aware that any false inform constitutes a third degree felony	ped or printed name of signee
REQUIRED SIGNATURE:  Signature of a member This document is executed in act I am aware that any false inform constitutes a third degree felony that I am a thi	ped or printed name of signee  Filing Fees  f Organization and Designation of Registered Agent

Thank you.