

10/16/2017 09:47

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P.001/004

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.
Account Number : I20170000034
Phone : (239)689-1096
Fax Number : (239)791-8132

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Legal@your-advocates.org

FLORIDA LIMITED LIABILITY CO.
SCHILLER PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
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(FAX)

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SCHILLER PROPERTIES, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and Certificate are submitted for filing.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCHILLER PROPERTIES, LLC

(Must contain 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:

709 CAPE CORAL PKWY W
CAPE CORAL, FL 33914

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.)

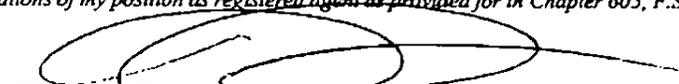
The name and the Florida street address of the registered agent are:

RON STCLAIR
Name

709 CAPE CORAL PKWY W
Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL FL 33914
City State 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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STATE OF FLORIDA

