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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

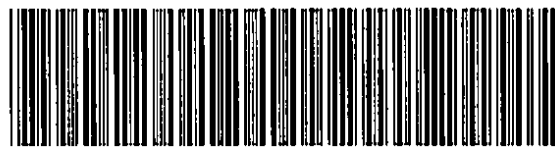
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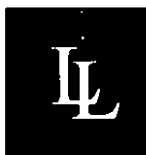


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19 MAR 18 PM 3:28
CLERK OF STATE
AT TAMPA, FLORIDA



LASSEIGNE & LADNER, P.A.
ATTORNEYS AT LAW

105 McKay Drive • Haines City, FL 33844
205 N. Mill Avenue • Bartow, FL 33830
HAINES CITY MAILING ADDRESS:
P. O. Box 2238 • Haines City, FL 33845-2238
p. 863-422-2216
f. 863-422-3526

March 13, 2019

New Filing Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Stuart G. Schoenly FSA EA MSPA, LLC

Dear Sir:

The enclosed Articles of Organization and fee is submitted for filing.

Please return all correspondence concerning this matter to the following:

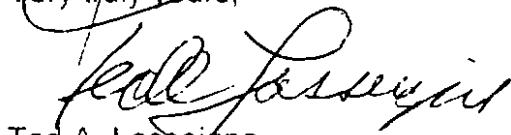
Ted A. Lasseigne, Esquire
Post Office Box 2238
Haines City, FL 33845-2238
Phone: 863-422-2216

Enclosed is a check for the following:

Filing Fee:	\$ 125.00
Certified Copy	<u>\$ 30.00</u>
Total	\$ 155.00

Please return the certified copy to the undersigned.

Very truly yours,


Ted A. Lasseigne
TAL/ldg

Enclosure(s)

xc: Stuart G. Schoenly

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stuart G. Schoenly FSA EA MSPA, LLC

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

543 Viola Drive
Davenport, Florida 33837

Mailing Address:


P.O. Box 324
Loughman, Florida 33858

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

Stuart G. Schoenly
543 Viola Drive
Davenport, Florida 33837

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.


Stuart G. Schoenly - Registered Agent

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TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S):

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

TITLE:

NAME AND ADDRESS:

Manager

Stuart G. Schoenly
543 Viola Drive
Davenport, Florida 33837

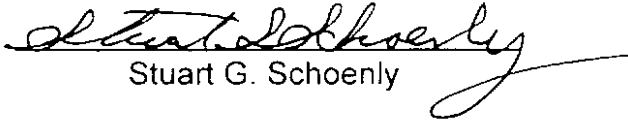
ARTICLE V: EFFECTIVE DATE Apr. 11, 2019 (if other than the date of filing)

ARTICLE VI: OTHER PROVISIONS:

Our practice is a pension actuarial practice. We provide actuarial services to sponsors of defined benefit/cash balance plans in the private business sector.

Further, we also provide plan administration services to sponsors of 401(k) and Profit Sharing Plans.

REQUIRED SIGNATURE:


Stuart G. Schoenly

(This document is executed in accordance with section 605.0203(1)(b), Florida Statutes, 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.817155, F.S.)

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TALLAHASSEE, FLORIDA