

# L1900259647

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

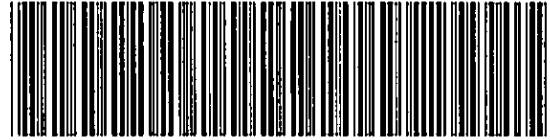
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FL

N CULLIGAN

# THE 850-CALL-JOE LAW FIRM, P.A.

**JOE KNAPE, ESQ.**

605 E. Robinson St. Ste 330 Orlando, FL 32801  
850-Call-Joe / (850) 225-5563 / (407) 508-7774

October 25, 2019

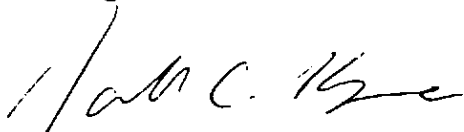
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Our Client: Herbert Schmidt  
Ref. No.: W19000089431  
2 Degrees Putter Company, LLC

Dear Sir or Madam:

Please find enclosed the updated paperwork for 2 Degrees Putter Company, LLC. We had filed this in the beginning of September 2019 and received a notice on October 8, 2019 that we now must use the updated 605 document for this particular filing. We have already submitted a check for the full amount with our original filing. Please contact our office with any questions or if any further information is needed.

Kind regards,



Joe Knape, Esq

Enclosures: Response Letter No.: 819A00020632  
New Filing Cover Letter  
Articles of Organization for Florida Limited Liability Company

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 2 Degrees Potter Company, 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:

Herbert Schmidt  
Name of Person

2 Degrees Potter Company, LLC  
Firm/Company

13214 Fish Cove Drive  
Address

Spring Hill, Florida 34609  
City/State and Zip Code

Herbrifegolf@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Herbert Schmidt at ( 727 ) 247-2249  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2019

HERBERT SCHMIDT  
13214 FISH COVE DRIVE  
SPRING HILL, FL 34609

SUBJECT: 2 DEGREES PUTTER COMPANY, LLC  
Ref. Number: W19000089431

We have received your document for 2 DEGREES PUTTER COMPANY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong filing for was submitted. A Florida Limited Liability Company must be in compliance with Chapter 605, Florida Statutes. I am enclosing a Limited Liability form.

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.

Attn: Neysa Culligan  
Regulatory Specialist II

Letter Number: 819A00020632

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2 Degrees Potter Company, 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:

13214 Fish Cove Drive  
Spring Hill, Florida 34609

13214 Fish Cove Drive  
Spring Hill, Florida 34609

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:

Herbert Schmidt  
Name  
13214 Fish Cove Drive  
Florida street address (P.O. Box **NOT** acceptable)  
Spring Hill, Florida 34609  
City State Zip

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*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..*

Herbert Schmidt  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Herbert Schmidt

13214 Fish Cove Drive

Spring Hill, Florida 34609

(Use attachment if necessary)

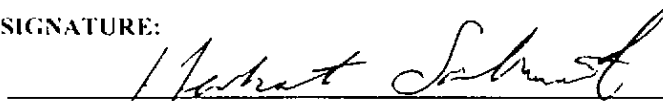
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**



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

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.817.155, F.S.

Herbert Schmidt

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)

DEPARTMENT OF STATE  
TALLAHASSEE, FL

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