

L20000182117
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 : PYNE LAW GROUP
Account Number : 120110000059
Phone : (850)215-9090
Fax Number : (850)215-9045

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

Email Address: laurenpyne@pynelawgroup.com

FLORIDA LIMITED LIABILITY CO.
Judith Schaffer Designs LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2020 JUN -7 AM 10:44
TALLAHASSEE, FL 32301
2020 JUN -7 AM 10:52

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JUDITH SCHAFER DESIGNS 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:

LAURA C. PYNE, ESQ

Name of Person

PYNE LAW GROUP, P.A.

Firm/Company

2309 FRANKFORD AVENUE, SUITE A

Address

PANAMA CITY, FLORIDA 32405

City/State and Zip Code

LAURAPYNE@PYNELAWGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA PYNE 850 215-9090

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JUDITH SCHAFFER DESIGNS 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:

190 JAMES PITTS ROAD
WEWAHITCHKA, FLORIDA 32465

Mailing Address:

190 JAMES PITTS ROAD
WEWAHITCHKA, FLORIDA 32465

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:

PYNE LAW GROUP, P.A.

Name

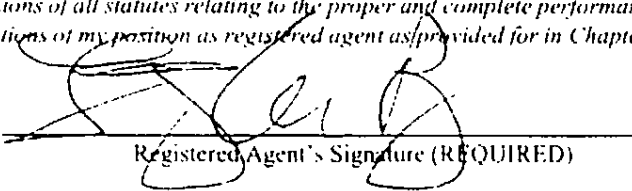
2309 FRANKFORD AVENUE, SUITE A

Florida street address (P.O. Box **NOT** acceptable)

PANAMA CITY FL 32405

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)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

JUDITH SCHAEFER

190 JAMES PITTS ROAD

WEWAHITCHKA, FLORIDA 32465

(Use attachment if necessary)

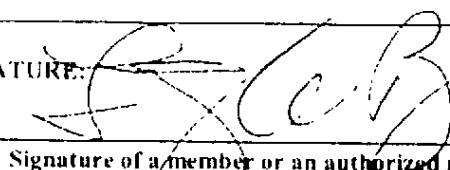
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

LAURA C. PYNE, ESQ.

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)

FILED
2020 JUN -7 AM 10:44
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