

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L20000233859  
FILED 8:00 AM  
August 04, 2020  
Sec. Of State  
cdmarquez

**Article I**

The name of the Limited Liability Company is:  
SCHOSSOW ESTATES LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
18520 NW 11TH CT  
PEMBROKE PINES, FL. US 33029

The mailing address of the Limited Liability Company is:  
18520 NW 11TH CT  
PEMBROKE PINES, FL. US 33029

**Article III**

The name and Florida street address of the registered agent is:  
JASON M SCHOSSOW  
18520 NW 11TH CT  
PEMBROKE PINES, FL. 33029

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.

Registered Agent Signature: JASON SCHOSSOW

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
JASON M SCHOSSOW  
18520 NW 11TH CT  
PEMBROKE PINES, FL. 33029

Title: MGR  
TRACEY J SCHOSSOW  
18520 NW 11TH CT  
PEMBROKE PINES, FL. 33029

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### **Article V**

The effective date for this Limited Liability Company shall be:

08/04/2020

Signature of member or an authorized representative

Electronic Signature: JASON SCHOSSOW

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.