

L21000025933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

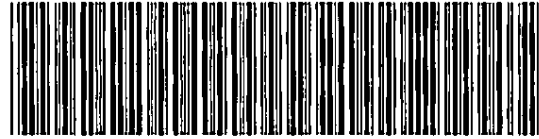
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/21/20--01049--004 **190.00

40 MASS REG. FEE

2021 JAN 13 AM 8:59

FILED

JHC
1/28/21

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Schnabel Consulting 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:

Scott Schnabel

Name of Person

Schnabel Consulting LLC

Firm/Company

2630 W Prospect Rd

Address

Tampa Florida 33629

City/State and Zip Code

schnabel.scott@gmail.com

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

2021 JAN 13 AM 9:01
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 01-13-21 BY 60322 UCBAW

For further information concerning this matter, please call:

Scott Schnabel 443 845-9861
Name of Person at 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2020

SCOTT SCHANBEL
2630 W PROSPECT RD
TAMPA, FL 33629

SUBJECT: SCHNABEL CONSULTING LLC
Ref. Number: W20000146747

We have received your document for SCHNABEL CONSULTING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Lillie S Kervin
Regulatory Specialist II

Letter Number: 720A00026276

2021 JAN 13 PM 12:37

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Schnabel Consulting 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:

2630 W Prospect Rd
Tampa Fl 33629

2630 W Prospect Rd
Tampa Fl 33629

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:

Scott Schnabel

Name

2630 W Prospect Rd

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

Tampa

Florida

33629

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)

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2021 JAN 13 AM 9:01

7-1-20

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Scott Schnabel
2630 W Prosnect Rd
Tampa Florida 33629

(Use attachment if necessary)

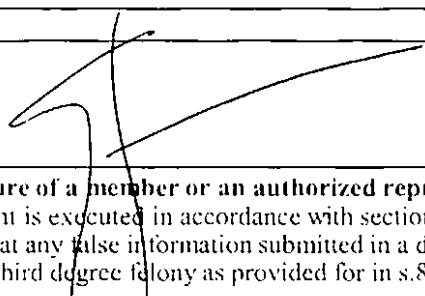
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Scott Schnabel

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)