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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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SECRETARY OF STATE

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Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051 FROM | Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 3/11/2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 898227

ORDER ENTITY____

SCHERER REAL ESTATE HOLDINGS, LLC

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SCHERER REAL ESTATE HOLDINGS, LLC (FL)

Please file the attached articles and provide a certified copy.

NOTES:_

\$155.00 Authorized

Email address for annual report reminders: jim@weinbergpc.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, March 11, 2021 Page 1 of 1

			2021 HAR 12 AM 8: 54
ARTICLES OF ORGANIZATION	SFORFLORID,	A LIAHTED LIABILITY COMP.	"SECRETARY OF ST.
ARTICLE I - Name: The name of the Limited Liability Company is:			TALLAHASSEE, FL
Scherer Real Estate Holdings, LLC			
(Must end with the words "i	imited Liabilit	y Company, "L.L.C.," or "LU	C.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of	the Limited Liability Compan	y is:
Principal Office Address:	Mailing Add	ress:	
719 South Palafox Street	7195	South Palalox Street	
Pensacola, Fl. 32502	Pens	acota, FL 32502	<u></u>
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as a another business entity with an active Florida reg The name and the Florida street address of the reg	ts own Registe istration.)	red Agent. You must designat	e an individuat or
Bruce A. McDonald			
	Name		
719 South Palalox Street Florida street address (P.	O. Box NOT a	occeptable)	
Pensacola	FL	32502	
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 pravisions 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.,

(CONTINUED)

Page Lof 2

Title-	Name and Address:
Tille: "AMBR" = Authorized Member	•
"MGR" = Manager	
MGR	Robert Scherer
	2877 Josephina Drive
	Handerson, NV 89044
	•
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(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must	e date of filing:
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Page 2 of 2