

L21000180650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

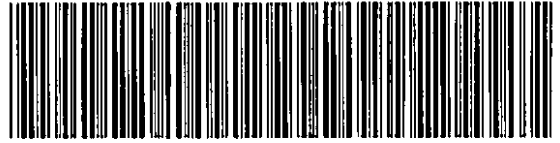
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 25 PM 4:04

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Dr. Hans P. Schlecht LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Domestication of a ~~Domestic~~ U.S. Entity and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hans P. Schlecht
Name of Person

Dr Hans P. Schlecht LLC
Firm/Company

4093 E. Hampton Circle
Address

Alva, FL 33420
City/State and Zip Code

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

For further information concerning this matter, please call:

Hans P. Schlecht at (920) 960-4730
Name of Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Domestication: \$25
Articles of Organization: \$125
Total to Domesticate and file: \$150

2021 MAR 25 PM 4:04

FILE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dr. Hans P. Schlecht 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:

4093 E. Hampton Circle

Alva, FL

33920

Mailing Address:

4093 E. Hampton Circle

Alva, FL

33920

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:

Hans P. Schlecht
Name

4093 E. Hampton Circle
Florida street address (P.O. Box **NOT** acceptable)

Alva FL 33920
City 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..

Hans P. Schlecht
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

Name and Address:

Hans P. Schlecht MGR
4093 E. Hampton Circle
Alva, FL 33920

(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 calendar days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Hans P. Schlecht

Signature of a member or an authorized representative

(In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Hans P. Schlecht

Typed or printed name of signer

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)