

Division of Corporations

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L21 000503969

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 : Vcorp SERVICES, LLC  
Account Number : T20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

2021 NOV 29 PM 2:48

FAX 11/29/21

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**Summerfield Schorr LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

850-617-6381

11/24/2021 12:27:15 PM PAGE 1/001 Fax Server



November 24, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VCORP SERVICES

SUBJECT: SUMMERFIELD SCHORR LLC  
REF: W21000151660RECEIVED  
TALLAHASSEE  
NOV 29 PM 2:48

2021 NOV 29 PM 2:48

6176381

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the name of the manager.,

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.

Tammi Cline  
Regulatory Specialist II Supervisor

FAX Aud. #: H21000431030

Letter Number: 921A00028517

~~ARTICLE I~~ ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Summerfield Schorr LLC

(Must end with 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:

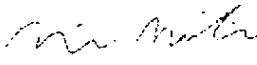
**Principal Office Address:**14 Steuben Ln  
Jackson, NJ 08527**Mailing Address:**14 Steuben Ln  
Jackson, NJ 08527**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

Vcorp Services, LLCName5011 South State Road 7, Suite 106Florida street address (P.O. Box **NOT** acceptable)DavieFL33314CityStateZip

*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)**

2021 NOV 29 PM 2:48

NOV 29 2021

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Shraga Schorr

14 Steuben Ln

Jackson, NJ 08527

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

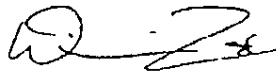
\_\_\_\_\_

\_\_\_\_\_

(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.

William Zavac

Typed or printed name of signa

**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)