

5/13/24, 2:44 PM

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2024 MAY 14 PM 1:31

DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
DIVISION OF COMMERCIAL
REGISTRATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
SCHURICK ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

TALLAHASSEE, FLORIDA

2024 MAY 14 AM 8:32

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May 14, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: SCHURICK ENTERPRISES, LLC
REF: W24000074176

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.

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Page (1) of the Articles print is too small.

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Neysa Culligan
Regulatory Specialist III

FAX Aud. #: H24000172525
Letter Number: 924A00010479

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY, INC. F.O. STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCHURICK ENTERPRISES, 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:621 Cypress Pointe Dr West
Pembroke Pines, FL 33027Mailing Address:621 Cypress Pointe Dr West
Pembroke Pines, FL 33027

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:


Ricardo Andres VILLATE RIVERA

Name

621 Cypress Pointe Dr WestFlorida street address (P.O. Box **NOT** acceptable)

<u>Pembroke Pines</u>	<u>FL</u>	<u>33027</u>
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)

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:

AMBR

Ricardo Andres VILLATE RIVERA

621 Cypress Pointe Dr West

Pembroke Pines, FL 33027

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (OPTIONAL)

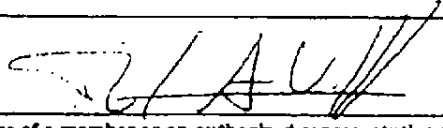
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

N/A

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.

Ricardo Andres VILLATE RIVERA

Typed or printed name of signee

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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