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Corporation Guarantee and Trust Company

701 ARCHITECTS BUILDING
117 SOUTH 17TH STREET, PHILADELPHIA, PA 19103-5090
TELEPHONE (215) 563-6131 • FAX (215) 563-9410

September 10, 1998

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: NORTHERN TREATS, L.C.

Dear Sir or Madam:

Enclosed are Articles of Organization of the above Limited Liability Company for filing with your office together with our check in the amount of \$293.75 to cover filing, Designation of Agent and Certificate of Status fees.

Please file and send your usual acknowledgment and receipt to this office when the processing has been completed. Thank you.

Cordially yours,

Joseph J. Collopy
Vice-President

JJC/ey

Name	Enclosures
Availability	Dec
Document Examiner	DCC
Updater	
Updater Verifier	
Acknowledgement	DCC
W. P. Verifier	DCC

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: NORTHERN TREATS, L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company
is: 7893 GRANDVILLE DRIVE, BLDG. A, TAMARAC, FL 33321

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: PERPETUAL

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s)
and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and
address(es) of the managing member(s) is/ are:

EDWARD SCHNEIDER
7893 GRANDVILLE DRIVE, BLDG A
TAMARAC, FL 33321

DORIS SCHNEIDER
7893 GRANDVILLE DRIVE, BLDG A
TAMARAC, FL 33321

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

NORTHERN TREATS, L.C.

deposes and says:

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TALLAHASSEE, FLORIDA

1) the above named limited liability company has at least two members

2) the total amount of cash contributed by the member(s) is

\$ 1,000-

3) if any, the agreed value of property other than cash contributed by member(s) is

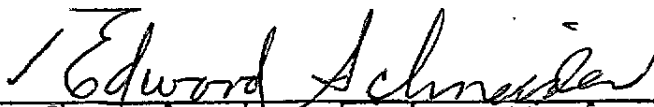
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A description of the property is attached and made a part hereto.

4) the amount of cash or property anticipated to be contributed by member(s) is

\$ 10,000-

5) the total amount of 2, 3, and 4 is

\$ 11,000-Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the
execution of this affidavit constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.)

EDWARD SCHNEIDER, MEMBER

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

NORTHERN TREATS, L.C.

2. The name and address of the registered agent and office is:

EDWARD SCHNEIDER

(Name)

7893 GRANDVILLE DRIVE, BLDG. A

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

TAMARAC, FL 33321

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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.



(Signature)

EDWARD SCHNEIDER

9-9-98

(Date)

Filing Fee: \$ 35 for Designation of Registered Agent