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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
MAR - 8 2012						
L. SELLERS						

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SECRETARY OF STATE TALLAHA'SSEE, FLORIDA

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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: SCHAER CONSULTING LLC Name of Limited Liability Company							
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida							
Please return all correspondence concerning this matter to the following:							
ALFRED E SCHAER  Name of Person							
SCHAER CONSULTING LLC Firm/Company							
1200 Goodlette RDN #10141 Address							
NAPLES FL 34105 34102 City/State and Zip Code							
ASchaere Schaer Consulting. Com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
HLFRED E Schaer at (607) 282 0072  Name of Person Area Code & Daytime Telephone Number							
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle							

Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Copy

Certificate of Status

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

ď

INC	OMPLIANCE	WITH SECTION	608.503, FLORID	A STATUTES, T	HE FOLLOWING	IS SUBMITTED	TO REGISTER A	FOREIGN
LIMI	TED LIABILITY	COMPANYTOT.	RANSACT BUSINI	ESS IN THE STAT	TE OF FLORIDA:			
1	SCH	AER	COMF	PANY	LLC Limited Liability			
	(Name of Fo	oreign Limited Li	ability Company:	must include "I	Limited Liability (	Company," "L.L.	C.," or "LLC.")	
(If no	me unavailahl	e enter alternate	name adonted fo	r the nurnose of	transacting husing	ess in Florida and	l attach a conv of	the written

ons Com	ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writtent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability pany," "L.L.C," "LLC.")
 (J	Delaware urisdiction under the law of which foreign limited liability mpany is organized)  3. 45-3635515  (FEI number, if applicable)
٠	Oct 11, 2011  (Date of Organization)  5. ERPETOB:  (Duration: Year limited liability company will cease to exist or "perpetual")
). <sub>-</sub>	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
	12759 Aulano Dr
_	WAPLES, FL 34105 (Street Address of Principal Office)
	f limited liability company is a manager-managed company, check here
. 7	The name and usual business addresses of the managing members or managers are as follows:
	ALFRED E SCHAER
	1200 Goodlette RD N # 1014)
	NAPLES, FL 34102
ejı	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records insdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a lation of the certificate under eath of the translator must be submitted.)
1.	Nature of business or purposes to be conducted or promoted in Florida:
_	CONSULTING IN CONSTRUCTION INDUSTRY.
	Mel E Sh

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., 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.)

PUPRED E SCHAER

Typed or printed name of signee

## 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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

SCHAER CONSULTING LL	<u> </u>	<del></del>
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		
ALFRED E SCHAER (Name)	<del></del>	
1200 Goodlette RD  Florida Street Address (P.O. Box NOT ACCEPTABLE)	- <b>-</b>	
NAPLES FL 34102 City/State/Zip	_	
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint agent and agree to act in this capacity. I further agree to comply with the provisions of relating to the proper and complete performance of my duties, and I am familiar with a obligations of my position as registered agent as provided for in Chapter 608, Florida	ntment as re of all statut and accept	egisterea es
Myse S (Signature)	SECRETA TALLAHA	12 KA
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)		S F

5.00 Certificate of Status (optional)

## Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SCHAER CONSULTING LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SECOND DAY OF MARCH, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5050287 8300

120268833

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 9404688

DATE: 03-02-12

You may verify this certificate online at corp.delaware.gov/authver.shtml