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Division of Corporations
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Fax Number : (850)617-6381

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RECEIVED
2018 APR 26 AM 9:06
DIVISION OF CORPORATIONS
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**FLORIDA LIMITED LIABILITY CO.
3331 CHESTERTOWN LOOP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

C RICO
APR 26 2018

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3331 CHESTERTOWN LOOP, 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:

Mailing Address:

28 WOOD LANE

LOCUST VALLEY, NY 11560

28 WOOD LANE

LOCUST VALLEY, NY 11560

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:

ROBERT SCHMITZ

Name

904 MAINSAIL CIRCLE

Florida street address (P.O. Box **NOT** acceptable)

JUPITER

FL

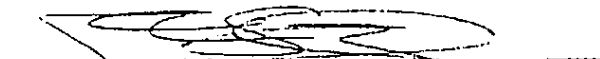
33477

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

ROBERT SCHMITZ
28 WOOD LANE
LOCUST VALLEY, NY 11560

AMBR

ERIKA SCHWEIGHARDT
28 WOOD LANE
LOCUST VALLEY, NY 11560

AMBR

GABRIELLA SCHMITZ
28 WOOD LANE
LOCUST VALLEY, NY 11560

AMBR

GRACIE SCHMITZ
28 WOOD LANE
LOCUST VALLEY, NY 11560

(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.

ROBERT SCHMITZ

Typed or printed name of signee

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)