



**THE UNITED STATES CORPORATION**  
C O M P A N Y

P.O. Box 5828  
Tallahassee, FL 32314  
(800) 342-8086

**L01000002269**

*State*

Account No.: 072100000032

Reference :

Authorization:

*Patricia Pujols*

Cost Limit : \$

*125.00*

OFFICE USE ONLY

(Requestor's Name)

1201 Hays Street

(Address)

Tallahassee, FL 32301 222-9171

(City, State, Zip)

(Phone #)

CIS Contact:

*Carina Dunlap*

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. Sm Holdings LLC 400003676554--9  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

Walk in

Pick up time

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
01 FEB 13 AM 11:13  
RECEIVED  
01 FEB 13 AM 10:41  
DIVISION OF CORPORATION

Examiner's Initials

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SM HOLDINGS LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

3225 Aviation Ave., Suite 700  
Miami, FL 33133

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Housing Trust International, Inc.  
Name  
3225 Aviation Ave., Suite 700  
Florida street address (P.O. Box NOT acceptable)  
Miami FL 33133  
City, State, and 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 608, F.S..*

**HOUSING TRUST INTERNATIONAL, INC.**

X By *Peter F. Fagan*  
Registered Agent's Signature  
Peter F. Fagan, V.P.

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

FILED  
01 FEB 13 AM 11:13  
TALLAHASSEE, FLORIDA

**ALHAMBRA REGISTERED AGENTS, INC.**  
(An additional article must be added if an effective date is requested)

By: *Martin J. Genauer*  
Signature of a member or an authorized representative of a member.  
Martin J. Genauer, V.P.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Alhambra Registered Agents, Inc., by Martin J. Genauer, Authorized Representative  
Typed or printed name of signee

- Filing Fees:**  
\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)