## 1400159621

(Re	questor's Name)	·
(Ad	dress)	
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(Bu	siness Entity Nar	me)
(Do	cument Number)	<del></del>
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OCT 13 2014 S. YOUNG

## COVER LETTER

	istration Section sion of Corporations		
SUBJECT:	Smartflo Pro	ducts LLC	
	Name of Lir	mited Liability Company	
The enclosed	Articles of Organization and fee(s) a	re submitted for filing.	Ess F
Please return	all correspondence concerning this m	natter to the following:	E A
	RANDY	SMITH Name of Person	10000000000000000000000000000000000000
_		Name of Person	当沙里 〇
_	SMARTFI	PRODUCTS Firm/Company	
		Firm/Company	•
_	1106 4	ATES ST	
		Address	
	OTZLANT	DO, FL 3280	4
_	(	ity/State and Zin Code	····
<u> </u>	rsmithe	smithhealthsys	tous, com
	E-mail address: (to be use	d for future annual report notifica	ation)
For further in	formation concerning this matter, ple	ase call:	
RAN	Name of Person at (_	407 342-2 Area Code Daytime Te	lephone Number
	check for the following amount:	And code Suyume 10	opnone : dance.
<b>⊠</b> \$125.00 Filir	ng Fee \$\square\$\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Add: Registration Section Division of Corporat Clifton Building	<del></del>
	Tallahassee, FL 32314	2661 Executive Centrallahassee, FL 3230	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Smartflo. Products (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office.	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1106 YATES ST ORLANDO FL 32804	1106 YATES ST 6RLANDO, FL 32	<u>.80</u> 4
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	Registered Agent. You must designate an	individual or
The name and the Florida street address of the registered at		
IZANDY SMI	ITH	
	_	
1106 MATES		
Florida street address (P.O. Box N		
OLLANDO City	FL 32804 Zip	
City	Zip	
	the appointment as registered agent and a f all statutes relating to the proper and con gations of my position as registered agent or 605 F.S.	ngree to act in this mplete performance
Registered Agent's Signatus	ire (REQUIRED)	
(CONTINUE)	( <b>D</b> )	FILED
Page i of 2		

AMBR" = Authorized Member  MGR" = Manager  Nicholas P. Nolan  1019 E. Suntise blud. # 404  Fort Lauderdale, FL 33304
1019 E. Sunrise blud, # 404 Fort Lauderdale, FL 33304
1.00
AMBR RANDAU L'SMITH
DRLANDO, FL 32804
AMBR KAREN P. NEWELL  1015 E. SUNRISE BLVD # FORT LAUDERDALE FL 3
FORT LAUDERSTACE , I E 3
Use attachment if necessary)
EV: Effective date, if other than the date of filing: (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or
E V: Effective date, if other than the date of filing:
EV: Effective date, if other than the date of filing:
EV: Effective date, if other than the date of filing:
EV: Effective date, if other than the date of filing:
EV: Effective date, if other than the date of filing: