

LI 6000 83798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

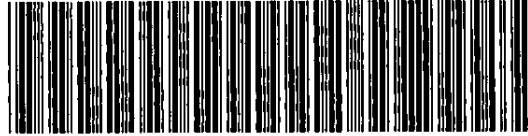
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF TEXAS  
COMMISSIONER OF PUBLIC INFORMATION

*J. Sklar*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Young and Smith LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Phedra Smith  
Name of Person  
Young & Smith LLC  
Firm/Company  
4495 Cessnock Drive  
Address  
Pensacola, Florida 32514  
City/State and Zip Code  
phedra.smith3@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phedra Smith at (850) 316-6291  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$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**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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16 APR 25 PM 3 32

EFFECTIVE DATE 04/20/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Young and Smith LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4495 Cessnock Dr.

N/A

Pensacola, Florida 32514

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:

Larry J. Young

Name

4495 Cessnock Dr.

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

Pensacola

Florida

32514

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)

**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 / MGR

**Name and Address:**

Phedra Smith  
5266 Westwind Circle  
Pensacola, Florida 32526

AMBR

Larry J. Young  
4495 Cessnock Dr.  
Pensacola, Florida 32514

AMBR

Felisha A. Young  
44945 Cessnock Dr.  
Pensaocla, Florida 32514

AMBR

Patrick P. Smith  
5266 Westwind Circle  
Pensacola, Florida 32526

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: April 20, 2016 (OPTIONAL)

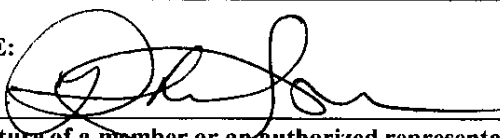
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**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.

Phedra Smith

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)**

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16 APR 25 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ATTACHMENT

ARTICLE IV

AMBR

Lawrence D. Young

4495 Cessnock, Dr  
Pensacola, Florida 32514