

L17000142715

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000173038 3)))



H170001730383ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAW OFFICES OF CARRILLO & CARRILLO, P.A.
Account Number : I20060000049
Phone : (305)460-6001
Fax Number : (305)460-6002

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CarrilloLawyers@CarrilloLawyers.com

RECEIVED

17 JUN 30 PM 12:20

FLORIDA DEPARTMENT OF CORPORATIONS
BUREAU OF COMMERCIAL INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
SMV CAPITAL GROUP LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (03), and Estimated Charge (\$125.00).

D O'KEEFE
JUL 3 2017

H 17000173028 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SMV CAPITAL GROUP 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:

Felix R. Carrillo, Esq.
Name of Person
Law Offices of Carrillo & Carrillo, P.A.
Firm/Company
3676 S.W. 2nd Street
Address
Miami, FL 33135
City/State and Zip Code
carrillolawyers@carrillolawyers.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvonne Villavicencio 305 460-6001
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

H 17000173028 3

H 17000173038 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SMV CAPITAL GROUP 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:

9737 N.W. 41ST STREET
#973
MIAMI, FL 33178

9737 N.W. 41ST STREET
#973
MIAMI, FL 33178

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:

LAW OFFICES OF CARRILLO & CARRILLO, P.A.

Name

3676 S.W. 2ND STREET

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

MIAMI FL 33135
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)

Felix R. Carrillo, Esq.

(CONTINUED)

17 JUN 30 11:09 21

H 17000173038 3

H17000173038 3

ARTICLE IV-

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

Title:

"AMB" = Authorized Member

"MGR" = Manager

MEMBER

Name and Address:

DONALD J. SCARCELLO, II

9737 N.W. 41ST STREET, #973

MIAMI, FL 33178

(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:

DJS

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.

Donald J Scarcello II

Typed or printed name of signee

Filing Fees:

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

17 JUN 30 AM 10:21

H17000173038 3