

L19000132837

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

To: Division of Corporations
Fax Number : (850) 617-6261

From: Account Name : TAXLEAF.COM INC
Account Number : 130140001084
Phone : (305) 541-3960
Fax Number : (305) 772-9109

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

Email Address: _____

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FLORIDA LIMITED LIABILITY CO. BM SMART INVESTMENTS LLC

C RICO
MAY 24 2019

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BM SMAFFIN INVESTMENTS, 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:

16400 COLLINS AVE. APT 445
SUNNY ISLES BEACH, FL 33160

16400 COLLINS AVE. APT 445
SUNNY ISLES BEACH, FL 33160

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:

RODNEY LOPES ESDRAS

Name

16400 COLLINS AVE. APT 445

Florida street address (P.O. Box NI acceptable)

SUNNY ISLES BEACH FLORIDA 33160

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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STATE ARCHIVE OF FLORIDA
DIVISION OF CORPORATION

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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:

LOPES ESDRAS, RODNEY
16400 COLLINS AVE, APT 445
SUNNY ISLES BEACH, FL 33160

AMBR

DE OLIVEIRA ESDRAS, GISELE MARIA
16400 COLLINS AVE, APT 445
SUNNY ISLES BEACH, FL 33160

(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 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.

RODNEY LOPES ESDRAS

Typed or printed name of signer