

TRANSMITTAL LETTER
L00000012594

Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

600003419556--4
-10/09/00--01093--016
****125.00 ****125.00

SUBJECT: Craig A. Smith and Associates, LLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$125.00 Filing Fee & Designation of Registered Agent

FROM: Stephen Smith
Name
1000 West McNab Road
Address
Pompano Beach, FL 33069
City, State & Zip
954 - 782 - 8222
Daytime Telephone number

FILED
00 OCT -9 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

L00-12594
QR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Craig A. Smith and Associates, LLC

ARTICLE II - Address:

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

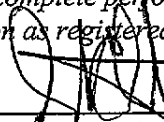
1000 West McNab Road, Suite 200
Pompano Beach, FL 33309

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

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

Stephen C. Smith
Name
1000 West McNab Road, Suite 200
Florida street address (P.O. Box **NOT** acceptable)
Pompano Beach FL 33309
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..


Registered Agent's Signature

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.

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member

(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.)

Stephen C. Smith
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)

FILED
20 OCT -9 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA