# L03000017043

(Requestor's Name)
(Address)
(Address)
(
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1

Office Use Only



300018669923

05/13/03--01015--002 \*\*125.00

03 MAY 12 PM 4: 52
DEPAN OF CORPORATIONS
TALLAHASSEE, FLORING

U3-17043

**CT** CORPORATION

May 12, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5850144 SO Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

\* SMA, LLC (FL)
Formation
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley\_Mitchell@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 T092 Fax 850 222 7615 03/21/2003 06:45 7275324257

= EXECUJET

PAGE 02

## ARTICLES OF ORGANIZATION FOR SMA, LLC A FLORIDA LIMITED LIABILITY COMPANY

## Article I-Name

The name of the Limited Liability Company is: SMA, LLC.

### Article II-Address

The mailing address and street address of the principal office of SMA,LLC is 14525 Airport Parkway, Clearwater, Florida 33762.

## Article III-Registered Agent, Registered Office, & Registered Agent's Signature:

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

Peter R. Cunzolo 14525 Airport Parkway Clearwater, Florida 33762

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 positions as registered agent as provided for in Chapter 608, F.S.

Peter R. Cunzelo Registered Agent

(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.)

By: Peter R. Cuzzolo

Authorized Representative