

L030000 45 355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

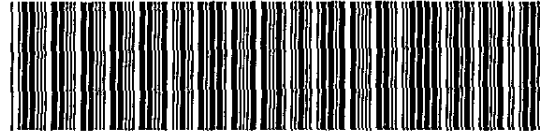
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/13/03--01042--002 **125.00

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03 NOV 13 PM 3:04
TALLAHASSEE, FLORIDA

11/18
[Signature]

2821 Parnell Road
Zolfo Springs FL 33890
November 10, 2003

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

To whom it may concern:

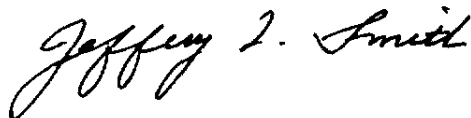
Attached are the necessary forms for application
for an L.L.C. for

Jeffery L. Smith, L.L.C.
2821 Parnell Road
Zolfo Springs FL 33890

Daytime Phone Number - 863- 257-0159

Sincerely,

Jeffery L. Smith



Attachments

- Articles of Organization
- Application check
- 10% ownership letter

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03 NOV 13 PM 3:04
SEC. CLERK
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jeffery L. Smith L.L.C.
(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:

Jeffery L. Smith
(Name of Person)

Jeffery L. Smith L.L.C.
(Firm/Company)

2821 Parnell Rd
(Address)

Zolfo Springs FL 33890
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffery L. Smith at (863) 257-0159
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

03 NOV 13 PM 3:04

FILED

Jeffery L. Smith
2821 Parnell Road
Zolfo Springs FL 33890

November 10, 2003

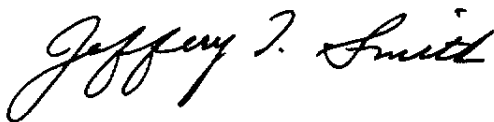
To whom it may concern:

This letter attests to the fact that I, Jeffery L. SMith,
own at least 10% of the following:

Jeffery L. Smith, L.L.C.
2821 Parnell Road
Zolfo Springs FL 33890

Sincerely,

Jeffery L. SMith



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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jeffery L. Smith L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

2821 Parnell Rd.
Zolfo Springs, Fl.
33890

Mailing Address:

Same

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

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

Jeffery L. Smith
Name
2821 Parnell Rd.
Florida street address (P.O. Box **NOT** acceptable)
Zolfo Springs FLORIDA 33890
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, Florida Statutes..

Jeffery L. Smith
Registered Agent's Signature

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03 NOV 13 PM 3:44
TALLAHASSEE, FL 32309
SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Jeffery L. Smith
2821 Parnell Rd.
Zolfo Springs FL 33890

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested

REQUIRED SIGNATURE:

Jeffery L. Smith
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.)

Jeffery L. 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)

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TALLAHASSEE, FLORIDA