

L030000046224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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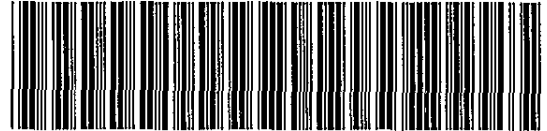
(Business Entity Name)

(Document Number)

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11/20/03--01049--031 **155.00

EFFECTIVE DATE
11-04

MJM

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 NOV 20 PM 2:11

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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55

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smith Home Improvements 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:

EFFECTIVE DATE
1-1-04

James Smith
(Name of Person)

Smith Home Improvements
(Firm/Company)

967 Park View Dr.
(Address)

Tallahassee FL 32311
(City/State and Zip Code)

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TALLAHASSEE FLORIDA

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For further information concerning this matter, please call:

Reed Smith at (850) 877-3945
(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

EFFECTIVE DATE
1-1-04

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SMITH Home Improvements LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 967 Park View Dr Tallahassee FL 32311

Principal Office Address:

967 Park View Dr
Tallahassee FL
32311

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:

JAMES R SMITH
Name

967 Park View Dr
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32311
City, State, and Zip

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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..

James R Smith
Registered Agent's Signature

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:

MGRM

JAMES R SMITH
967 Park View Dr
TALLAHASSEE FL 32311

(Use attachment if necessary)

Effective Date shall be 1-1-04

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

REQUIRED SIGNATURE:

James R 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.)

JAMES R 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

FILED