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| (Req                                    | uestor's Name)  |             |
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| (Addı                                   | ess)            |             |
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| (City/                                  | State/Zip/Phon  | e #)        |
| PICK-UP                                 | ☐ WAIT          | MAIL        |
| (Busi                                   | ness Entity Nar | me)         |
| (Doct                                   | ıment Number)   |             |
| Certified Copies                        | Certificates    | s of Status |
| Special Instructions to Filing Officer: |                 |             |
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SECRETARY OF STATE TRACESSEE, FLORIDA

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### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 3, 2004

PAUL PIETRZAK 7973 S. A1A MELBOURNE BEACH, FL 32951

SUBJECT: SMART CHOICE Ref. Number: W04000029576

We have received your document for SMART CHOICE and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 304A00048350

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: SMAPL Charles

(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:

PAUL PIETR ZAK

(Name of Person)

SMAPL Charles

(Firm/Company)

TIGHTS S. ALA

(Address)

Melbourle Beach Fl 30951

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL PIETR ZAK.

at (TDA) 4866-1098

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 U4 AUG 13 PH 12: 35

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Smart Choice   | ee LLC  |
|--|---|
| ARTICLE II - Address:  | /   |
|  | principal office of the Limited Liability Company is            |
| Principal Office Address:  | Mailing Address:  |
| 7973 S. AIA  |   |
| Melboure Beneh   | want as office  |
| Pla. 30951   |   |
|  |   |
|  |   |
| ARTICLE III - Registered Agent, Registere  | ed Office, & Registered Agent's Signature:                      |
| ARTICLE III - Registered Agent, Registered The name and the Florida street address of the        |   |
| The name and the Florida street address of the   | e registered agent are:   |
| <b>2</b> • • •   | e registered agent are:   |
| The name and the Florida street address of the Paul Pier Name Name Name Name Name Name Name Name | registered agent are:  CRZAK  AIA                               |
| The name and the Florida street address of the Paul Pier Name Name Name Name Name Name Name Name | e registered agent are:   |
| The name and the Florida street address of the Paul Pier Name Name Name Name Name Name Name Name | e registered agent are:  CP, ZAK  AIA  2.0. Box NOT acceptable) |

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..

Registred Agent's Signature

Page 1 of 2 (CONTINUED)

| 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:  |  |  |
| MCB.   | PAUL PIETRZAK<br>MANZ S AIA<br>Melbourie Fl 32951<br>beach   |  |  |
| The second secon | CONTRACTOR OF THE PROPERTY OF  |  |  |
| The state of the s |  |  |  |
|  | and the second s |  |  |

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

REQUIRED SIGNAT

(Use attachment if necessary)

Signature of a member of 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.)

Pletr ZAK
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)

S 5.00 Certificate of Status (Optional)