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W4

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04 OCT 15 PM 2:10

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10/15/15
10:30AM

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMBP, 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:

WILLIAM E. STOPPS
(Name of Person)

WILLIAM E. STOPPS CPA
(Firm/Company)

28179 VANDERBILT DRIVE - SUITE 2
(Address)

BONITA SPRINGS, FL 34134
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM E. STOPPS at (239) 992-9299
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25⁰⁰ - CORRECTION FEE

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|---|

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

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

SMBP, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
DID NOT INCLUDE THE NAME AND ADDRESS OF THE MANAGER

WHICH IS: MGR ERIC Q GERHART

11526 LAKE CYPRESS LOOP

FORT MYERS, FL 33913

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated: _____

OCTOBER 13, 2004

William E. Stopps

Signature of a member or authorized representative of a member

WILLIAM E. STOPPS

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
04 OCT 15 PM 2:10
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF**

SMBP, LLC

FILED
SEP 29 A 3:47
EDMUND W. WHITE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be **SMBP, LLC**.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company shall be

**28179 Vanderbilt Drive, Suite #2,
Bonita Springs, Florida 34134.**

ARTICLE III - DURATION

The company shall commence its existence as of the date these articles of organization are filed by the Florida Department of State. The company's existence shall be perpetual unless the company is earlier dissolved as provided in these articles of organization.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida
is

**PHILLIP A. ROACH
28179 Vanderbilt Drive, Suite #1
Bonita Springs, FL 34134**

In witness whereof, the undersigned organizers have made and subscribed these articles of organization at Lee County, Florida, on this 22 day of September, 2004.

Phillip A. Roach

Name of Organizer:

[Signature]

William E. Stopps

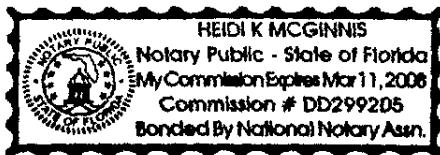
Name of Organizer:

[Signature]

STATE OF FLORIDA
COUNTY OF LEE

[Signature]
APPLICANT PHILLIP A. ROACH

Sworn to (or affirmed) and subscribed before me this 22nd day of September, 2004, by Phillip A. Roach.



Heidi K McGinnis

Notary Public - State of Florida

Heidi K McGinnis

Print, Type, or Stamp

Commissioned Name of Notary Public

☒ Personally Known

☐ Or produced Identification

Type of Identification Produced:
