

L 0400007556

2004 OCT 25 P 2:45

(Requestor's Name)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



800041772108

10/25/04--01054--003 **125.00

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

AL

Office Use Only

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED

SUBJECT: THE 3 SMITH'S LLC

(Name of Limited Liability Company)

2004 OCT 25 P 2: 45

The enclosed Articles of Organization and fee(s) are submitted for filing.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please return all correspondence concerning this matter to the following:

FERNANDO SMITH

(Name of Person)

THE 3 SMITH'S LLC

(Firm/Company)

97 SAGECREST Drive

(Address)

ORLANDO FLORIDA 34761

(City/State and Zip Code)

For further information concerning this matter, please call:

FERNANDO SMITH

(Name of Person)

at (407) 876.9326

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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 ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2004 OCT 25 P 2: 45

THE 3 SMITH'S LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

97 SAGECREST Drive
ORLANDO FLORIDA 34761

97 SAGECREST Drive
ORLANDO FLORIDA 34761

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

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

FERNANDO SMITH

Name

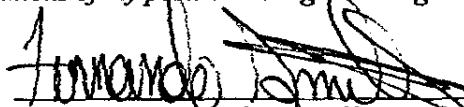
97 SAGECREST Drive

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FLORIDA 34761 FL

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, F.S..



Registered Agent's Signature

(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:

FILED

MGR

FERNANDO SMITH

97 SAGECREST Drive 2004 OCT 25 P 2:45

ORLANDO FLORIDA 34761

MGRM

TERESA SMITH

97 SAGECREST Drive

ORLANDO FLORIDA 34761

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

FERNANDO SMITH

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)