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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMITH FERGUSON HOLDINGS, 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:

Esther D. Nichols, CPA
(Name of Person)

The Nichols Group, PA
(Firm/Company)

1329 Kingsley Ave, Ste D
(Address)

Orange Park, FL 32073
(City/State and Zip Code)

For further information concerning this matter, please call:

Esther D. Nichols at (904) 264-1665
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee
____ \$130.00 Filing Fee & Certificate of Status
____ \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)

☐ \$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

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**ARTICLES OF ORGANIZATION
OF
SMITH FERGUSON HOLDINGS, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

NAME

The name of the limited Liability Company is: SMITH FERGUSON HOLDINGS, LLC.

ARTICLE II

PRINCIPAL OFFICE

The principal office address of this Limited Liability Company is:

4905 Belfort Road, Suite 110
Jacksonville, FL 32256

The mailing address of this Limited Liability Company is:

4905 Belfort Road, Suite 110
Jacksonville, FL 32256

ARTICLE III

**REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S
SIGNATURE**

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

Esther D. Nichols, CPA
1329 Kingsley Ave, Ste D
Orange Park, FL 32073

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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, F.S.



Esther D. Nichols, CPA
Registered Agent

ARTICLE IV

MANAGER(S) OR MANAGING MEMBERS

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

Managing Member

David T. Smith
4905 Belfort Road, Suite 110
Jacksonville, FL 32256

Managing Member

James W. Ferguson
4905 Belfort Road, Suite 110
Jacksonville, FL 32256

ARTICLE V

DURATION

The period of duration of this Limited Liability Company is perpetual.

ARTICLE VI

ADDITIONAL MEMBERS

The members have the right to admit additional members upon terms and conditions to be determined at a subsequent date.

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ARTICLE VII

MEMBER RIGHTS

The members have the right to continue the business of the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or an occurrence or any other event terminating the continued membership of a member and the Limited Liability Company.

IN WITNESS WHEREOF, the undersigned Member has executed these Articles of Organization, this 12th day of January, 2004.

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.



David T. Smith
Managing Member

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