W5000013978

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer: ### The Company of the Co

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TRANSMITTAL LETTER

TO: Registration Section Division of Corpo						
SUBJECT: Smiths Tree	Service, LLC (Name of Limited	l Liability Com	pany)			
	•	-	• •			
The enclosed Articles of O	rganization and fec(s) are su	ıbmitted for fili	ng.			
Please return all correspond	dence concerning this matte	r to the following	ng:			
	Robert H.	Smith Jr.				
<u> </u>	(Name of Person)					
	Smithe Tree	Service 110	•			
Smiths Tree Service, LLC (Firm/Company)						
	265 I omn	ak Dal CE				
365 Lanack Rd. SE (Address)						
		(riculess)				
Palm Bay, Florida 32909						
	(City/	State and Zip Co	de)			
For further information con	cerning this matter, please of	call:				
Bonnie Trottier		at (321	、288-9131			
(Name of		(Area Co		lephone Number)		
·	•	·	•	•		
Enclosed is a check for the	he following amount:					
	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Certified Co		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
STDEFT	ADDDESS.		MAILING A	nndree.		
STREET ADDRESS: Registration Section		MAILING ADDRESS: Registration Section				
Division of Corporations 409 F. Gaines Street			Division of Co	rporations		

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lim	ited Liability Company is:		
Smith	s Tree Service, LLC		
ARTICLE II - Add The mailing address	ress: and street address of the principal office of the Limited I	iability Comp	pany is:
Principal Office Ad	dress: Mailing Address:		
365 Lanack Rd. SE			
	09		
Palm Bay, Florida 329	istered Agent, Registered Office, & Registered Agent	's Signature:	05
Palm Bay, Florida 329		's Signature:	
Palm Bay, Florida 329 ARTICLE III - Reg	istered Agent, Registered Office, & Registered Agent orida street address of the registered agent are:	's Signature:	05 FE3 -7
Palm Bay, Florida 329	istered Agent, Registered Office, & Registered Agent orida street address of the registered agent are: Robert H. Smith Jr.	's Signature:	05 FE3 -7
Palm Bay, Florida 329	istered Agent, Registered Office, & Registered Agent orida street address of the registered agent are: Robert H. Smith Jr. Name		05 FE3 -7 PM 12:
Palm Bay, Florida 329 ARTICLE III - Reg	istered Agent, Registered Office, & Registered Agent orida street address of the registered agent are: Robert H. Smith Jr. Name 365 Lanack Rd. SE	's Signature:	05 FE3 -7 PM 12:

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Robert H. Smith Jr.
	365 Lanack Rd. SE
	Palm Bay, Florida 32909
MGRM	Bonnie Trottier
	365 Lanack Rd. SE
	Palm Bay, Florida 32909
	
(Use attachment if necessary)	
NOTE: An additional article must be a	idded if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
ROBERT H	T printed name of signce

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)