

# L05000018155

Feb-22-2005 04:55pm

From-DAVID WILLIAMS LAW FIRM

002 75-025

T-50

P.001/002

F-130

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000044636 3)))

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-0925

## LIMITED LIABILITY COMPANY

Smola Enterprises LLC

Certificate of Status	0
Certified Copy	0
Page Count	012
Estimated Charge	\$125.00

RECEIVED  
05 FEB 22 AM 8:17  
DIVISION OF CORPORATION

Name Availability	
Document Examiner	
Electronic Filing Menu	
Corporate Filing	
Public Access Help	
Secretary of State Tallahassee, Florida	
2005 FEB 22 A 10:54	
W. P. Verifier	

<https://efile.sunbiz.org/scripts/efilcovr.exe>

FILED

2/22/2005

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is: **Smola Enterprises LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **1101 W. Romana St., Pensacola, FL 32501**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Agents and Corporations, Inc.  
Suite E, 773 4<sup>th</sup> Avenue North  
Naples, FL 34102**

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 808, F.S.

*Stephanie Hernandez*  
Registered Agent's Signature

**ARTICLE IV – Management (Check box if applicable.)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

**ARTICLE V – Manager/Member(s):**

The initial Manager(s)/Member(s) of the Limited Liability Company shall be:

**Michael Smola  
1101 W. Romana St.  
Pensacola, FL 32501**

*Michael Smola*  
Signature of a member or an authorized representative of a member

(In accordance with section 808.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Michael Smola**  
Typed or printed name of signer

2005 FEB 22 A 10 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**