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TRANSMITTAL LETTER

TO: Registration S Division of Co			
SURJECT: SMAR	T BUSINESS WORKS, LL	c	
-	(Name of Limite	d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
	ERICA JACK	CSON	
	(1	Name of Person)	
	(Firm/Company)	
	2045 HARBOR (TAKE WAY	
	2043 HARBOR ((Address)	
	WINTER GARD	EN, FL 34787	
		State and Zip Code)	
For further information	concerning this matter, please	cali:	
ERICA JACKSO	N	at (407) 765-8977	
(Name	of Person)	(Area Code & Dayline To	slephons Number)
Enclosed is a check for	or the following amount:		
3 \$125.00 Filing Fee	\$3 \$130.00 Filing Fee & Certificate of Status	CJ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRI	LET ADDRESS:	MAILING ADDRESS:	

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

The name of the Limited Liability Comp	pany is:			
SMART BUSINESS WORKS, LLC				
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2045 HARBOR COVE WAY WINTER GARDEN, FL 34787	2045 HARBOR COVE WAY			
WHITER GARDEN, I'E 347 BI	WINTER GARDEN, FL 34787			
ERIC	A JACKSON Name			
	DR COVE WAY			
Florida s	treet address (P.O. Box NOT acceptable)			
Florida s WINTER GA	treet address (P.O. Box NOT acceptable)			

(CONTINUED)

Page 1 of 2

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* : :

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Tide: "MGR" = Manage "MGRM" = Mana	
MGRM	ERICA JACKSON
	2045 HARBOR COVE WAY
	WINTER GARDEN, FL 34787
MGRM	HOWARD JACKSON
	2045 HARBOR COVE WAY
	WINTER GARDEN, FL 34787
	-
(Use attachment if	necessary)
NOTE: An addit	ional article must be added if an effective date is requested.
REQUIRED SIG	NATURE:
	EM. Jacker
Š	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.)
	ERICA JACKSON
	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)