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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	Į
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C. W.

TRANSMITTAL LETTER

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	lection orporations 7	
\$125.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Enclosed is a check for the following amount:		- · · -	
(Name of Person)	or 727-946-31	846	
GILBERT J. EFFRON (Name of Person)	at (727) 934	-3499	
For further information concerning this matter, please	e call:	2 Z	
		1837 1837 1837	-
PALM HAR.	BOR, FL 39 ty/State and Zip Code)	SECRETARY OF STATE SECRETARY OF STATE STATE AHASSEE, FLERIO, 12468	i M
		AR -I	***
501 OLD MILL	(Address)		-
501 010 1011	PAND RAAD	20 TAIS	
	(Firm/Company)		
	(Name of Person)		
GILBERT J	EFFRON		
Please return all correspondence concerning this matt	ter to the following:		
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
(Name of Limite	ed Liability Company)		
SUBJECT: STRATEGIC /	MARKETING	WORKS, LLC	i.
10: Registration Section Division of Corporations			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	ame:
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The name of the Limited Liability Company is:

STRATEGIC MARKETING WORKS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

FOI OLD MILL POND RD 501 OLD MILL POND RD
PALM HARBOR, FL 34683 PALM HARBOR, FL 34683

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

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

GILBERT J. EFFRON

Name

501 OLD MILL POND RD.

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

PALM HARBOR FL 34683

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)

Page 1 of 2

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	GILBERT J. EFFRON, TRUSTEE THE GILBERT J. EFFRON REVOCABLE LIVING TRUST DATED 9-24-98 501 OLD MILL POND RD. PALM HARBOR, FL 34683	
(Use attachment if necessary)		
NOTE: An additional article must b	e added if an effective date is requested.	
REQUIRED SIGNATURE:	CRE LAHL	
Oull	or an authorized representative of a member.	
Signature of a member	or an authorized representative of a member.	
(In accordance with section of this document constituent that the facts stated her	on 108.408(3), Florida Statutes, the execution and affirmation under the penalties of perjuty	
GILBERT	J. EFFRON, TRUSTEE	
Тура	ed 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)