

LOS000066642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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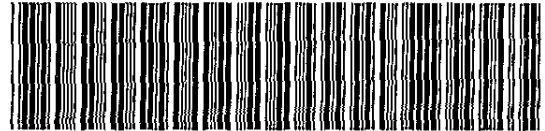
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHARLES L. SMITH, 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:

CHARLES L. SMITH
(Name of Person)

CHARLES L. SMITH, LLC
(Firm/Company)

1326 REYNOLDS ROAD
(Address)

LAKELAND, FL 33801
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES L. SMITH at 863. 529-5197
(Name of Person) (Area Code & Daytime Telephone Number)

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHARLES L. SMITH, 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:

1326 REYNOLDS ROAD
LAKELAND, FL 33801

1326 REYNOLDS ROAD
LAKELAND, FL 33801

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

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

CHARLES L. SMITH

Name

1326 REYNOLDS ROAD

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

LAKELAND, FL 33801

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, Florida Statutes..

X Charles L Smith

Registered Agent's Signature

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SECRET
TALLAHASSEE, FLORIDA

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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:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

"MGR"

CHARLES L. SMITH
1326 REYNOLDS ROAD
LAKE LAND, FL 33801

"MGRM"

JENETTE I. SMITH
1326 REYNOLDS ROAD
LAKE LAND, FL 33801

"MGRM"

CHARLES L. SMITH II
1703 MARKER ROAD
FOLK CITY, FL 33868

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

X Charles L. Smith

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.)

Charles L. Smith

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fees:

100.00 Filing Fee for Articles of Organization

25.00 Designation of Registered Agent

30.00 Certified Copy (Optional)

5.00 Certificate of Status (Optional)