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To:

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

: (830)203-038

Account Name : HUBCO

Account Number: 104662003400 Phone: (516)935-3940 Fax Number: (516)933-3088

LIMITED LIABILITY COMPANY

SMTM Enterprises L.L.C.

Certificate of Status	
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is: SMTM Enterprises L.L.C.

ARTICLE II - Address

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

The manning appress and sitest and	eas of the hunerhat office o	t the Datated District Company is.		
Principal Office Address:		Mailing Address:		
403 Whitewing Circle		403 Whitewing Circle		
Clermont, FL 34711		Clermont, FL 34711	FL34711	
ADTICLE III Projetował	Acont Docistored Off	ice & Registered Agent's Signature		
The name and Florida street addres	- -			
	David Muszak	ki		
		Name		
	403 Whitewing	Circle		
•	(P.O. Box or	Mail Drop Box NOT Acceptable)		
	Clermout.FL	4711		
		City / State / Zin)		

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 - David Muszalski

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

David Muszalski- 403 Whitewing Circle, Clermont, FL 34711

MGRM

Donald Muszalski- 403 Whitewing Circle, Clermont, FL 34711

MGRM

Christopher Muszalski- 403 Whitewing Circle, Clermont, FL 34711

MGRM

Martin VanFossan- 2490 Armstrong Court, Lake Orion, MI 48360

(Use attachment if necessary)

REQUIRED SIGNATURE:

Signature of a member or 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.)

David Muszalski

Typed or printed name of signee

