(Requestor's Name) (Address) 700056981577 (Address) (City/State/Zip/Phone #) PICK-UP TIAW [MAIL 07/08/05--01009--026 **125.00 (Business Entity Name) (Document Number) Certified Copies __ Certificates of Status Special Instructions to Filing Officer:

Office Use Only

My Collinson

TRANSMITTAL LETTER

10:	Registration Section Division of Corporations		
SUBJE		— 	
	(Name of Limit	ed Liability Company)	
The end	closed Articles of Organization and fee(s) are	submitted for filing.	
Please	return all correspondence concerning this mat	ter to the following:	
	CAROCYN E	Drayton	
		(Name of Person)	
	FBA WEALTH,	MANAGE MENT	
		(Firm/Company)	
	15025 NW 7	TAUR SUITE 1	24
		(Address)	
	MIAMI LALE	S F1 33014-	6 <i>854</i>
For fur	ther information concerning this matter, pleas	e call:	
	Ancos Gancia-Caeaniza (Name of Person)	at (385) 8 18 (Area Code & Daytime To	5783 elephone Number)
Enclos	sed is a check for the following amount:		
I \$125	5.00 Filing Fee \$ Certificate of Status	2 S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	
	STREET ADDRESS:	MAILING A	
	Registration Section Division of Corporations	Registration S Division of C	
	409 E. Gaines Street	P.O. Box 632	
	Tallahassee, Florida 32399	Tallahassee, F	



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 14, 2005

CAROLYN DRAYTON FBA WEALTH MANAGEMENT 15025 NW 77TH AVE., SUITE 124 MIAMI LAKES, FL 33014-6854

SUBJECT: CAROLYN DRAYTON FAMILY LIMITED PARTNERSHIP

Ref. Number: W05000033746

We have received your document for CAROLYN DRAYTON FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to register a Florida Limited Partnership, the form submitted is for a Limited Liability Company. Please read the fee schedule provided in the instructions as the fees are different for each company. If you intended to file a Limited Liability Company, simply correct the suffix on the end of the name to one of the following, and return the original application for processing.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 205A00046509

Michelle Hodges Document Specialist

ARTICLE I - Name: The name of the Limited Liability Company is: SMITH, RICHARDS AND BARROS (HOLDINGS 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:
					3728 CORALTREE CIRCLE COCONUT CREEK FI. 33073	COCONUT CLERK FI 33073
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:					
Florida street add COCONUT CACO City, State, a	CIACLE ress (P.O. Box NOT acceptable) FL 33-13 nd Zip					
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	nccept service of process for the above stated limited this certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all informance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S					
(CONTINENT)	E TATE OF THE STATE OF THE STAT					

(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	Name and Address:
"MGRM" = Managing Member	CAROLYN DRAYTON 3728 COM CITY CINCLE COCONT CRECK FI 33073
MGZM	LA-TISHA WATKINS 3728 COM WILL CIACLE COCONOT CHEEK FI 33073
- 	
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
NOTE: An additional article must b	oe added if an effective date is requested.
REQUIRED SIGNATURE: X Signature of a member	1 Day 4M or an authorized representative of a member.
(In accordance with sect of this document constitution that the facts stated here.)	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury trein are true.)
Mocyn	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)