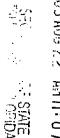
1050000 83 160

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	, and a second
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		823/1
	Office Use Only	X



000058594670

08/22/16 -- 00/41--- 066 **15 90



io oo laa

05 AUG 22 AN II: 07

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: S.M.A.S.	H. PROMOTIONS, LLC.		
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	BRADLEY ROGE	RS	
		Name of Person)	
		*	
	S.M.A.S.H. PROMOTI	ONS, LLC.	
	(Firm/Company)	-
			200 m
	PO BOX 61688		
		(Address)	· i.
			<u> </u>
	ORLANDO, FL	32861	ESE SE
		State and Zip Code)	 -
		•	
For further information of	concerning this matter, please	call:	
BRADLEY ROGERS		at (407) 509-0604	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	r the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
CTDF	ET ADDDECC.	BAATI INIC A	nnnecc.
	ET ADDRESS: ration Section	MAILING A Registration S	
Divisio	on of Corporations	Division of Co	orporations
	Gaines Street assee, Florida 32399	P.O. Box 6323 Tallahassee, F	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:	
S.M.A.S.H. PROMOTIONS, LLC.		_
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
4490 34TH STREET SW SUITE B ORLANDO, FL 32811	P.O. BOX 616885 ORLANDO, FL 32861	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the	, 6 6	
BRADLEY ROGERS Name		OS AUG SECTION TALL ALLS
4490 34TH STREET SW SUITE B		FILED 22 AII
Florida street address (P.O. Box <u>NOT</u> acceptable) ORLANDO, FL 32811 FI		AM II: 07 C= STATE = FLORIDA
City, State,		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regi	this certificate, I hereby accept the apporty. I further agree to comply with the pro erformance of my duties, and I am famili	intment as ovisions of all iar with and

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

Litte:	Name and Address:	
"MGR"= Manager		
"MGRM" = Managing Member		
MGRM	BRADLEY ROGERS	
	4490 34TH ST SW SUITE B	
	ORLANDO, FL 32811	
MGRM	MARIO OTOYA	
INICIAIN		
	8341 FORT CLINCH AVE.	
	ORLANDO, FL 32822	
MGRM	CARLOS OTOYA	
	8341 FORT CLINCH AVE.	
	ORLANDO, FL 32822	

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

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.)

BRADLEY ROGERS

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)