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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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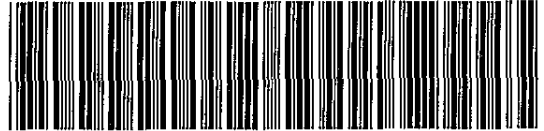
(Business Entity Name)

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Smallwood Real Estate  
Investments, LLC

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Art of Inc. File \_\_\_\_\_

LTD Partnership File \_\_\_\_\_

Foreign Corp. File \_\_\_\_\_

☒ L.C. File \_\_\_\_\_

Fictitious Name File \_\_\_\_\_

Trade/Service Mark \_\_\_\_\_

Merger File \_\_\_\_\_

Art. of Amend. File \_\_\_\_\_

RA Resignation \_\_\_\_\_

Dissolution / Withdrawal \_\_\_\_\_

Annual Report / Reinstatement \_\_\_\_\_

☒ Cert. Copy \_\_\_\_\_

Photo Copy \_\_\_\_\_

Certificate of Good Standing \_\_\_\_\_

Certificate of Status \_\_\_\_\_

Certificate of Fictitious Name \_\_\_\_\_

Corp Record Search \_\_\_\_\_

Officer Search \_\_\_\_\_

Fictitious Search \_\_\_\_\_

Fictitious Owner Search \_\_\_\_\_

Vehicle Search \_\_\_\_\_

Driving Record \_\_\_\_\_

UCC 1 or 3 File \_\_\_\_\_

UCC 11 Search \_\_\_\_\_

UCC 11 Retrieval \_\_\_\_\_

Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by:

Name

Date

Time

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

ARTICLE I – NAME

The name of the Limited Liability Company is: **SMALLWOOD REAL ESTATE INVESTMENTS, LLC**

ARTICLE II – ADDRESS

The street address of the principal office of the Limited Liability Company is: 313 Hermosa Street, Lady Lake, FL 32159.

The mailing address of the principal office of the Limited Liability Company is: 313 Hermosa Street, Lady Lake, FL 32159.

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE

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

MARVIN O. SMALLWOOD  
313 Hermosa Street  
Lady Lake, FL 32159

Having been named as registered agent and to accept service of process for the above 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.

  
MARVIN O. SMALLWOOD

**ARTICLE IV – MANAGERS OR MANAGING MEMBERS**

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

**Title:**

**Name and Address:**

MGRM

MARVIN O. SMALLWOOD  
313 Hermosa Street  
Lady Lake, FL 32159

In accordance with section 604.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated therein are true.

  
\_\_\_\_\_  
MARVIN O. SMALLWOOD

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