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## **COVER LETTER**

TO: Registration So Division of Co				
SUBJECT: The PenSmith, LLC (Name of Limited Liability Company)				
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	condence concerning this matte	er to the following:		
James J. S	• Smith	<u></u>		
	(	Name of Person)		
The PenSr	nith, LLC	-		
<del></del>	(	Firm/Company)		
1436 29th Avenue North				
		(Address)		
St. Peters	burg, Florida 3370	4- <u>2</u> 533		
(City/State and Zip Code)				
For further information	concerning this matter, please	call:		
James J. Smith		at (727 ) 215-712	4	
(Name	of Person)	(Area Code & Daytime To		
Enclosed is a check fo	or 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)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
The PenSmith, LLC  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
1436 29th Avenue North	1436 29th Avenue North			
St. Petersburg, Florida 33704-2533	St. Petersburg, Florida 33704-2533			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  James J. Smith				
Name				
1436 29th Avenue North				
Florida street address (P.O. Box NOT acceptable)				
St. Petersburg	FL 33704			
City, State, and 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 per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

D. V.S. H. OF CORFORM INHE

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member James J. Smith, MGR 1436 29th Avenue North St. Petersburg, Florida 33704-2533 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 

> that the facts stated herein are true.) James J. Smith

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

Typed or printed name of signee

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

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)