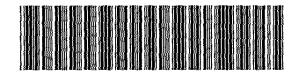
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(Re	equestor's Name)	
. (Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bı	isiness Entity Nam	e) _
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FILED FILED SECRETARY OF STATE SECRETARY OF STATE

WOLO-3872-3

wA



September 1, 2006

ARNETRICE K. SMITH 514 36TH AVE EAST BRADENTON, FL 34208

SUBJECT: SMITH FINANCIAL SERVICES, LLC

Ref. Number: W06000038723

We have received your document for SMITH FINANCIAL SERVICES, LLC. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6065.

Letter Number: 506A00053544

MARIA L FENDER OFFICE CLERK

COVER LETTER

Division of Corpor				
SUBJECT: SMITH FII	NANCIAL SERVIC	ES		
	(Name of Limited	l Liability Compa	ny)	
The enclosed Articles of Org	ganization and fee(s) are su	ibmitted for filing		
Please return all correspond	ence concerning this matte	r to the following:		
ARNETRICE	K. SMITH			
	0	Name of Person)	<u>-</u>	
SMITH FINAN	ICIAL SERVICES	}		
	(Firm/Company)		<u> </u>
514 36TH A\	/E EAST			· <u></u>
		(Address)		
BRADENTO	N. FL. 34208		_	
	(City/	State and Zip Code)	
For further information cond	cerning this matter, please	call:		
LATOYA S. BYRD		at (941)	447-6038	3
(Name of P	'erson)	(Area Code	& Daytime Te	lephone Number)
Enclosed is a check for th	e following amount:			
\$125.00 Filing Fee C	\$130.00 Filing Fee & ertificate of Status	\$155.00 Fit Certified Copy (additional copy i	1	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R C P	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	Registration Division of Clifton Budget 2661 Exe	urier Address on Section of Corporation uilding cutive Center	ns Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

SMITH FINANCIAL SERVICES, LLC

BRADENTON

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

Principal Office Address:	Mailing Address:	
514 36TH AVE. EAST	514 36TH AVE, EAST	
BRADENTON, FL. 34208	BRADENTON, FL. 34208	
	ered Office, & Registered Agent's Signature: tegistered Agent. You must designate an individual or another the registered agent are:	
LATOYA S. BYRD		
Na	ame	
514 36TH AVE. EAST		
Florida street	t address (P.O. Box <u>NOT</u> acceptable)	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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		
MGR	ARNETRICE K. SMITH	
	514 36TH AVE. EAST	•
	BRADENTON, FL. 34208	
MGRM	LATOYA S. BYRD	
	514 36TH AVE. EAST	:
	BRADENTON, FL. 34208	
		-
(Use attachment if necessary)		
CLE V: Effective date, if other than the	date of filing: (OPTIONAL	L)
effective date is listed, the date must b	e specific and cannot be more than five business days	s pı
0 days after the date of filing.)		
REQUIRED SIGNATURE:		
<i>a</i> / 1	\	

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.)

ARNETRICE K. SMITH

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)