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TO:

Registration Section

· Division of Cor	porations		
SUBJECT: SMB IN	VESTMENT SOLUT	IONS, LLC	
		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
	ondence concerning this matte	_	•
SHANISHA	_	-	
SHANISHA	0000	Name of Person)	· · · · · · · · · · · · · · · · · · ·
NATIONAL	CODDODATE LIEA	DOLLARTERS INC.	
NATIONAL		ADQUARTERS, INC. Firm/Company)	
	·		
101 CONV	ENTION CENTER		
		(Address)	
LAS VEGA	AS, NV 89109		
	(City	/State and Zip Code)	
For further information of	concerning this matter, please	call:	
SHANISHA WRIGHT (Name of Person)		at (702) 873-348 (Area Code & Daytime T	8 ext. 3185
(Name	of Person)	(Area Code & Daytime 1	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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	;
SMB INVESTMENT SOLUTIONS, LLC	
(Must end with the words "Limited Liability Company, "Limi	ted Company" or their abbreviation "LLC," or "L.C.,")
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:
2350 NAUTICAL WAY #108	2350 NAUTICAL WAY #108
WINTER PARK, FL 32792	WINTER PARK, FL 32792
The name and the Florida street address of the BUSINESS FILINGS INCORNAME Name 1203 GOVERNORS SQU	RPORATED
Florida street ad	dress (P.O. Box NOT acceptable)
TALLAHASSEE	FL 32301-2960
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
Registered Agent's Signa	LIA De Barreno-Assl Sacrotay & VISANTARY (REQUIRED) Silvess Filings Incorporated 23 9787
(CONTIN	`

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>		Name and Address:	
"MGR" = Manag	-		
"MGRM" = Mar	naging Member		
MGRM		MARY SUSAN BLACKBURN	
		2350 NAUTICAL WAY #108	_
		WINTER PARK, FL 32792	
			
			
	_		
	date, if other than the	date of filing: (OF	
to or 90 days after the d		•	
REQUIRED SI	GNATURE:		
	Signature of a membe	r or an authorized representative of a member.	
	(In accordance with sec of this document consti that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury lerein are true.)	
	SHANISHA WRIGHT	, ORGANIZER	9
		ped or printed name of signee	SEL /ISI 5 O
2000 PT			그 왕
Filing Fees	:		N 05-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)