

6000011520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smart Clientware, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy J. Sparks
Smart Clientware, LLC
644 Sumter Court
Winter Springs, FL 32708

For further information concerning this matter, please call:

Tim Sparks at (407) 435-1293

Enclosed is a check for 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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
✓ Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION OF A FLORIDA LIMITED LIABILITY CORPORATION

ARTICLE I – Name:

The name of the Limited Liability Company is:

Smart Clientware, LLC

ARTICLE II – Address:

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

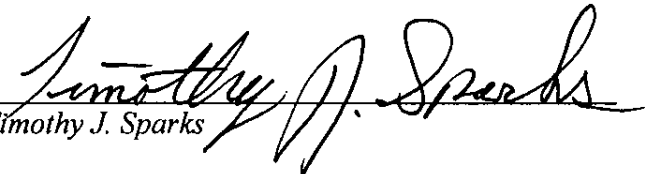
644 Sumter Court
Winter Springs, FL 32708

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Timothy J. Sparks
644 Sumter Court
Winter Springs, FL 32708

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these articles, 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.


Timothy J. Sparks

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TALLAHASSEE FLORIDA

ARTICLE IV – Manager(s) or Managing Members(s):

Title:

“MGR” = Manager

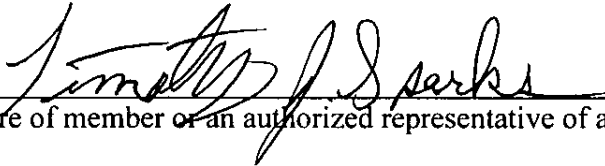
“MGRM” = Managing Member

Name and Address:

MGRM

Timothy J. Sparks
644 Sumter Court
Winter Springs, FL 32708

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to read "Timothy J. Sparks", is written over a horizontal line.

Signature of 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.)

Timothy J. Sparks

Name of Signee