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SECRETARY OF STATE DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2006

SHEILA T. SMITH 26111 CHURCH ROAD BROOKSVILLE, FL 34602

SUBJECT: S.J. SMITH FAMILY CORPORATION, L.L.C.

Ref. Number: W06000050511



We have received your document for S.J. SMITH FAMILY CORPORATION, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 706A00067336

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	(Name of Limited Liability Company)	
The en	osed Articles of Organization and fee(s) are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
	Sheila T. Sm.T. 夏碧	_
	Sterla T. Sn. T. (Name of Person) (Firm/Company)	5
	(Firm/Company)	77.1
	26111 Church ROAD	
	Brookoville Fl. 34602 (City/State and Zip Code)	
For fur	er information concerning this matter, please call:	
_5	(Name of Person) at (352) 799-649/ (Area Code & Daytime Telephone Number)	
Enclos	d is a check for the following amount:	
□ \$125	O Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	g
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
S. J. Smith Family Limited Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Liability Company," Liability Company, "Liability Company, "Liabil	mitsd Linhility Company ed Company" or their abbreviation "L.C." or "L.C.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2611 Church ROAD Brookswills, F1 34602	26111 Church Rd Brookaville fl. 34602
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Sheila T. Sm	egistered agent are: 8 NOV 2.8 FILE FILE 7 SECRETARY FILE 7 SECRETARY 7 SECR
26111 Church	Rord ress (P.O. Box NOT 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Mar "MGRM" = M	nager anaging Member	Name and Address:
MGRM		Shelp T. Smith 2611 Church Road Brooksville, Fl 34602
MGR		Stephon J. Smith 26111 Church Rond Brocks 41110 Fl 34602
	— <u>—</u>	
(Use attachmer	nt if necessary)	
LE V: Effective fective date is leading after the	e date, if other than the isted, the date must be date of filing.)	e date of filing: (OPT oc specific and cannot be more than five busines
LEV: Effectiv	e date, if other than the isted, the date must be date of filing.) IGNATURE:	e date of filing: (OPT

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