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(Address)	
(Address)	
(City/State/Zip/Phor	ne #)
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SECRETARY OF STATE
ALLAHASSEF F. STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Smith Construction + Interior	OTFEB-2 M 8: L2
	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File
	Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File
	RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy
	Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search
Signature	Officer Search Fictitious Search Vehicle Search
Requested by: Walk-In Walk-In Will Pick Up Will Pick Up Will Pick Up	Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval Courier

ARTICLES OF ORGANIZATION FOR FLA	JKIDA LIIVILLED LIABILILY (ASYIPARY) =	
ARTICLE I - Name: The name of the Limited Liability Company is:	EB-2 H	
SMITH CONSTANCTION	F INTERIORS L.L.C.	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Matling Address:	
1687 Constan Walk Daive ORANGE PARK, FL 32003	1687 CONSTAY WALL DRIVE DRAWGE PARK, FL 32008	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:	
The name and the Florida street address of the re-		
JAMES L. Smi	Fra	
1687 Cop NTan L	OSE (P.O. BOX NOT acceptable)	
Daile Dook	m '23.66%	

Having been hamed 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

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

"MGR " MANAGER JAMES L. Smith

1637 Constant Walk Dates

Oddings Parall, Fir. \$2003

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

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

JAMES L. SMITH
Typed of printed name of signes

Filing Focs:

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

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)