L07000069483

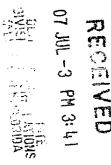
(Requestor's Name)
(Address)
V
(Address)
(City/State/Zip/Phone #)
\ /
☐ PICK-UP WAIT ☐ MAIL
/ \
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

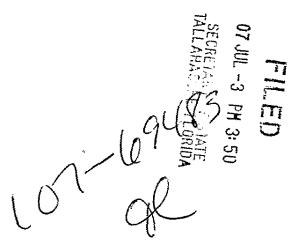
Office Use Only



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COVER LETTER

	gistration Secti ision of Corpo								
SUBJECT:		Her	The	Smok	e	y)	£		
		(N	ame of Lim	ited Liab	ility Compan	y)	<u></u> -		
The enclosed	l Articles of On	ganization a	nd fee(s) ar	e submitt	ed for filing.				
Please return	all corresponde	ence concer	ning this ma	atter to the	e following:				
	Rober	+ /	Inthone) Lo	ing f Person)				_
								·	·
	3365	San	tooth	Dr	ive		arves a .		
				•	•				
	Tallah	ussee	FL		32301				
					nd Zip Code)		-		
For further in	formation conc	erning this i	matter, plea	se call:					
Robert	Anthony (Name of Po	Laini	g	at ((Area Code &	683 (& Daytime Tele	3623 ephone Nun	nber)	
Enclosed is	a check for the	e following	g amount:						
\$125.00 Fil	ling Fee S	130.00 Fil Certificate (_	Ce	5.00 Filing rtified Copy litional copy i	•	Certifica Certifies	Filing Fee, ate of Status d Copy al copy is enclosed.	
	R D P.	Iailing Addu egistration S ivision of C O. Box 632 allahassee, I	ection orporations 7		Registration Division of Clifton Bui	Corporations Iding Itive Center C		SECRETAL STATE	FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:			
The name of the L	imited Liab	ility Company is:		
After	The	smake,	ty Company, "L.L.C.," or "LLC.")	
(M	ust end with the	: words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	· · · · · · · · · · · · · · · · · · ·
ARTICLE II - Ac				
The mailing addre	ss and street	address of the pri	ncipal office of the Limited L	iability Company is:
Principal Office A	Address:		Mailing Address:	
1715 SAI	1. 4.	D.	{ 1	11
3365 Sau	V (CC) N	32701		
INTIMASSACT	<u> </u>	32701		
		- X 25	***	
ARTICLE III - R	egistered A	gent Registered	Office, & Registered Agent'	s Signature:
(The Limited Liability C	ompany cannot	serve as its own Registe	red Agent. You must designate an indiv	idual or another
business entity with an	active Florida re	egistration.)	_	
The name and the	Florida etree	et address of the re	mictared agent are	
ine name and me	ì			
		OSeph Name	1/10Z	_
		Name		
	3365	Sawlooth	Dr	
		Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)	· ·
	7.11.	L	- 333.0	
	14114	City State or	FL 32301	· See t
		City, State, as	u Zip	
Having been name	ed as registe	red agent and to a	ccept service of process for the	above stated limited
			is certificate, I hereby accept ti	
			I further agree to comply with	
			formance of my duties, and I a	
accept the obli	gations of m	y position as regist	ered agent as provided for in (hapter 608, F.S.
		1st I	-	S. C.
	_//		/ /	3- 3 m
	Regis	tered Agent's Signatu	re (REOLIRHO)	95 6
			777	5
	(//			A . C

(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 "MGRM" = Managing Member	Name and Address:
MGRM	Robert Lains 3365 Sawtooth Dr Tallahassee / FL 32301
MGRM	Orville Cameron 3365 Sawtootli Dr Tallahassee FL, 32301
MGRM	Joseph DiAZ 3365 Sawtooth Dr. Tallahassee, Fl 32301
(Use attachment if necessary)	
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	for f
Signature of a member	or an authorized representative of a member.
(In accordance with section of this document constituent that the facts stated here.)	on 608.408(3), Florida Statutes, the execution stes an affirmation under the penalties of perjury rein are true.
Type	Seph DiAZ Egg Z
Filing Fees:	ASSET ASSET
\$125.00 Filing Fee for Articles of Organi	zation and Designation
of Registered Agent	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	RibA