

LO7000677437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED

07 JUL 27 AM 11:24

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

07 JUL 27 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/ST/Zip

850-222-2785

Phone #

DEBIT ACCOUNT

072100000307

07 JUL 27 PM 1:49  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- SMITH HOLDINGS

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

### AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

### OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

### REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

3

**ARTICLES OF ORGANIZATION OF  
SMITHCO HOLDINGS, LLC**

**FILED**  
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TALLAHASSEE, FLORIDA

**ARTICLE I — Name**

The name of the Limited Liability Company is **SMITHCO HOLDINGS, LLC.**

**ARTICLE II — Address**

The mailing address and street address of the principal office of the Limited Liability Company is 18501 Murdock Circle, Suite 303, Port Charlotte, Florida 33948.


**ARTICLE III — Registered Agent & Registered Office**

The name and street address of the registered agent of the Company is **Chris A. Smith**, 18501 Murdock Circle, Suite 303, Port Charlotte, Florida 33948.

**ARTICLE IV — Management**

The Limited Liability Company is to be managed by one member and is, therefore, a member managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 24 day of July, 2007.



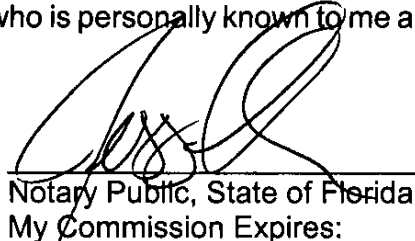
**CHRIS A. SMITH**  
Authorized Representative of Member

STATE OF FLORIDA                     )  
   ) ss.  
COUNTY OF CHARLOTTE             )

The foregoing instrument was sworn to and acknowledged before me this 24 day of July, 2007, by CHRIS A. SMITH, who is personally known to me and who did take an oath.



**Jessica Koehler**  
Commission # DD578272  
Expires July 26, 2010  
Bonded Troy Fain - Insurance, Inc. 800-385-7019

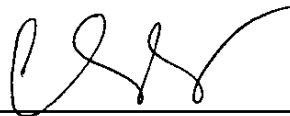


Notary Public, State of Florida  
My Commission Expires:

### **ACCEPTANCE OF REGISTERED AGENT**

The undersigned, being the person named in the Articles of Organization of **SMITHCO HOLDINGS, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 24 day of July, 2007.



\_\_\_\_\_  
**CHRIS A. SMITH**

articles 7-23-07.wpd