

LOT 000084865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

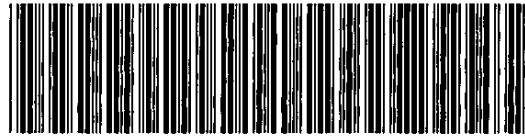
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SMITH

Operating and Management Co.

*Post Office Box 52
Shreveport, LA 71161-0052*

*Telephone (318) 222-3119
Fax (318) 222-0566*

August 14, 2007

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Articles of Organization for Florida LLC
Name of New LLC: Smith-Kelly, LLC

Gentlemen:

An original and one copy of the Articles of Organization for Smith-Kelly, LLC are enclosed.
Also enclosed is our check in the amount of \$155.00 covering the filing fee and certified copy.

If you have any questions or need additional information, please contact me at 318-222-3119.

Sincerely,



Debbie Walters
Property Coordinator

Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMITH-KELLY, 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:

Harry L. Avant

(Name of Person)

(Firm/Company)

P. O. Box 65

(Address)

Shreveport, Louisiana 71161

(City/State and Zip Code)

For further information concerning this matter, please call:

Debbie Walters

(Name of Person)

at (318) 222-3119

(Area Code & Daytime Telephone Number)

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)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SMITH-KELLY, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

400 Texas Street, Suite 927
Shreveport, LA 71101

Mailing Address:

P. O. Box 65
Shreveport, LA 71165-0065

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Harry L. Avant

Name

1128 Dormie Drive

Florida street address (P.O. Box **NOT** acceptable)

Naples FL 34108

City, State, and Zip

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)

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TREASURER, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Harry L. Avant

P. O. Box 65

Shreveport, LA 71161-0065

MGRM

Nina M. Kelly

1128 Dormie Drive

Naples, FL 34108

MGRM

Smith Operating and Management Co.

P. O. Box 52

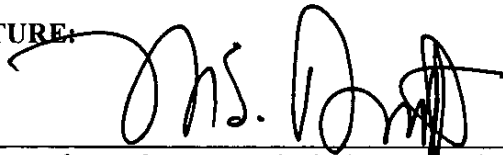
Shreveport, LA 71161-0052

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Harry L. Avant

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA