## 607000094014

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



200109600682

09/19/07--01014--015 \*\*130.00

2007 SEP 19 PN 1: 05

01-96000

## **COVER LETTER**

TO: Registration Division of C				
SUBJECT: J.B. S	Smith's Ltd. Liability	y Company		
	(Name of Limi	ted Liability Company)		
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
Joshua B	. Smith			
<del></del>		(Name of Person)		•
n/a			·	
		(Firm/Company)		
210 N. E	Centro Blvd.			
		(Address)		
Panama	City Beach, Fl. 324	413		
<del>" .</del>	(Ci	ity/State and Zip Code)		
For further information	n concerning this matter, pleas	se call:	-; ~	
Joshua B. Sm	ith	at ( 850 ) 276-675	1 25 5	M.
(Nan	e of Person)	(Area Code & Daytime Tele	ephone Number)	il 
Enclosed is a check	for the following amount:		ephone Number)	  
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	= م
	Mailing Address Registration Section	Street/Courier Address Registration Section	,	

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	s:
J.B. Smith's Ltd. Liability Compan	
(Must end with the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the part of th	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
210 N. ElCentro Bivd.	210 N. ElCentro Blvd.
Panama City Beach, Fl. 32413	Panama City Beach, Fl. 32413
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature:
The name and the Florida street address of the	~ C
Joshua B. Smith	0.5
Nam	ORIDA
210 N. ElCentro Blv	vd.
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
Panama City Beach	ո <u>, ፑዚ</u> 32413
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)

(CONTINUED) Page 1 of 2

9-21-07

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:			
MGR	Joshua B. Smith 210 N. ElCentro Blvd. Panama City Beach, Fl. 32413		- - -	
			- - -	
<del></del>			-	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date.				
(If an effective date is listed, the date must be s to or 90 days after the date of filing.)  REQUIRED SIGNATURE:	pecific and cannot be more than five bi	isiness	days p	rior
Signature of a member of	Bandla r an authorized representative of a member.			
	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	SEC.	2007 S	٠
Joshua B. Smit		E PART	F	i .
Filing Fees:	l or printed name of signee	1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	9 PH	
\$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation and Designation	SIVA	1: 05	Spect of