LU9000037148

(Requestor's Name)	
(Address)	100150273691
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	04/16/0901021010 **130
(Document Number)	
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AP# 2 0 2009

EXAMINER

**130.00

COVER LETTER

TO:

Registration Section

Division of Co	Division of Corporations				
SUBJECT: Smart	Import-Export LL	С			
SUBJECT:		ted Liability Compa	ny)		
				09	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing	ļ-	是是	
Please return all corres	pondence concerning this man	tter to the following	:	AND AND STREET OF THE STREET O	
Nicolas S	uarez			E G	
<u></u>		(Name of Person)		700	
Smart Im	port-Export LLC			A REPART	
		(Firm/Company)	<u>.,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	
13651 Pa	rkcrest Blvd 314			*	
		(Address)			
Fort Myer	s/ Florida 33912				
Torringer		ty/State and Zip Code)		
	(0-	J	•		
For further information	concerning this matter, pleas	e call:			
Nicolas Suare	7	239	6450557	7	
	e of Person)	_ at (ephone Number)	
Enclosed is a check f	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	ру	\$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	Registration Division of Clifton Bo 2661 Exe	ourier Address on Section of Corporation uilding cutive Center (ee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Smart Import-Export LLC (Must end with the words "Limited Liability")	cy Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13651 Parkcrest Blvd 314	13651 Parkcrest Blvd
Fort Myers/ Florida 33912	Fort Myers/ Florida 33912
The name and the Florida street address of the response Nicolas Suarez Name 13651 Parkcrest Blvc Florida street address	S R I
Fort Myers	FL 33912
City, State, ar	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(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" = Mana; "MGRM" = Mai		Name and Address:	
Nicolas Suarez		13651 Parkcrest Blvd Fort Myers/ Florida 33912	
			
	_		
	·		
(Use attachment	if necessary)		
ARTICLE V: Effective (If an effective date is lis to or 90 days after the d	sted, the date must b	e date of filing: (OPTIONAL) se specific and cannot be more than five business days p	rior
<u>REQUIRED</u> SI	11.00	er or an authorized representative of a member.	
		ction 608.408(3), Florida Statutes, the execution	
	of this document const	titutes an affirmation under the penalties of perjury	
	Nicolas Suare		
	Ту	ped 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)