## L09000041304

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



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SECRETARY OF STATE ALLAHASSEE.FLORIDA

AAbers

D. BRUCE

APR 29 2009

**EXAMINER** 

## **COVER LETTER**

| то:             | Registration<br>Division of | 1 Section<br>Corporations   |   |  |                                       |
|-----------------|-----------------------------|---|---|--|---------------------------------------|
| SUBJE           | СТ: <u>Ú</u> .              | MITH'S CUSTON   | Interior Trim ted Liability Company)  | in   |                                       |
| The enc         | losed Articles              | of Organization and fee(s) are  | submitted for filing.   |  |                                       |
| Please re       | etum all corre              | spondence concerning this ma  | tter to the following:  |  |                                       |
|                 |                             | William D. Si   | n'TH  |  |                                       |
|                 |                             |   | (Name of Person)  |  |                                       |
|                 | SmiTh                       | 's custom In  | Eciar Trin  |  |                                       |
| _               |                             |   | (Firm/Company)  |  |                                       |
|                 | 1849                        | NATURAL Brig  | ale Rel   | 09<br>[AL]   |                                       |
| _               | <u>~0.00</u>                | in the said   | (Address)   | APR<br>APR   | · · · · · · · · · · · · · · · · · · · |
|                 | TA 11                       | ' E/ 32305  |   | 129<br>ASS   |                                       |
| _               |                             | <i>「F1. 32365</i> (Ci   | ty/State and Zip Code)  | F. 2   | 7                                     |
|                 |                             | n concerning this matter, pleas   |   | PH 1: 03   | U                                     |
| f               | PELSANO                     | r Smith   | at ( <u>850</u> ) <u>544-3</u><br>(Area Code & Daytime Tele   | 1363   |                                       |
|                 | (Nan                        | ne of Person)   | (Area Code & Daytime Tele   | phone Number)  |                                       |
| Enclose         | d is a check                | for the following amount:   |   |  |                                       |
| <b>S</b> 125.00 | ) Filing Fee                | \$130.00 Filing Fee & Certificate of Status   | S155.00 Filing Fee & Certified Copy (additional copy is enclosed)   | S160.00 Filing Fe<br>Certificate of State<br>Certified Copy<br>(additional copy is end | us &                                  |
|                 |                             | 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 C Tallahassee, FL 32301 |  |                                       |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| '  |                                       |   |              |             |
|--|---------------------------------------|---|--------------|-------------|
| Smith's custom 1  (Must end with the words "Lim  | EnTerior ited Liability Comp          | Trim Us   | 5            |             |
| ARTICLE II - Address: The mailing address and street address of  | of the principal                      | office of the Limite                            | ed Liability | Company is: |
| Principal Office Address:  | <u>Mail</u>                           | ing Address:                                    |              |             |
| 2848 NATURAL Brigde Re<br>TAIL F/ 32305  | <u> </u>                              | Some  |              |             |
| ARTICLE III - Registered Agent, Reg<br>(The Limited Liability Company cannot serve as its o<br>business entity with an active Florida registration.) | gistered Office<br>own Registered Age | e, & Registered Ag<br>nt. You must designate an | ent's Signa  | nother      |
| The name and the Florida street address  | of the registere                      | ed agent are:                                   | AHA:         |             |
| william D.   | Sm.TG<br>Name                         |   | ASSEE.       | 2           |
| 2848 NA)   | Tural Brig                            | ode Ro<br>D. Box NOT acceptable                 |              |             |
| TALL   | FLy, State, and Zip                   | 32305   | y Orr.       | -           |
| City   | y, state, and Lip                     |   |              |             |

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)

## The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (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 penuity that the facts stated herein are true.) William D. Smith Typed or printed name of signee

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

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)

I william D. Smith do not have only intertions to reinstate Smith's Custom Interior Trim, L.L.C. obcurrent number L04000078617.

William D. Smith

O9 APR 29 PM 1: 03