

L0900000 4693 7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

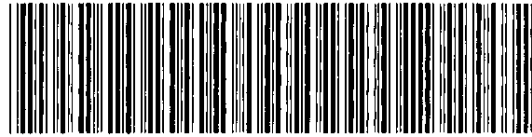
(Business Entity Name)

(Document Number)

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RECEIVED
09 MAY 11 PM 3:16
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
MAY 14 2009
EXAMINER

FILED
09 MAY 14 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

S.M.L., LLC.

Thank you!
↑↑

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09 MAY 14 PM 12:55
TALLAHASSEE, FLORIDA

- ___ Art of Inc. File
- ___ LTD Partnership File
- ___ Foreign Corp. File
- ☒ L.C. File
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- ___ Annual Report / Reinstatement
- ___ Cert. Copy
- ☒ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval

Signature

Requested by:

Name

Date

Time

Christina 5/11 PM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2009

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: S. M. L., LLC
Ref. Number: W09000022121

RECEIVED
09 MAY 14 AM 11:33
FILED
09 MAY 14 PM 12:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for S. M. L., LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 909A00016010

ARTICLES OF ORGANIZATION
FOR FLORIDA
LIMITED LIABILITY COMPANY

FILED
09 MAY 14 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Each undersigned, for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, does hereby certify as follows:

ARTICLE I - NAME

The name of the Limited Liability Company is: L. M. S. ENTERPRISES, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is: 5640 Fountain Lake Circle, No. 107, Bradenton, FL 34207.

ARTICLE III - DURATION

The existence of the Company shall commence upon the date of execution of this instrument, which shall be within five (5) business days prior to filing hereof. The period of duration for the Company shall be perpetual.

ARTICLE IV - REGISTERED AGENT AND OFFICE

The name and street address of Company's initial registered office in the state is:
SHAUNIECE LEE, 5640 Fountain Lake Circle, No. 107, Bradenton, FL 34207.

ARTICLE V - MANAGEMENT

The Company is to be managed by one or more members, and the name and address of each is:

SHAUNIECE LEE, 5640 Fountain Lake Circle, No. 107, Bradenton, FL 34207.

ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: No additional member(s) shall be admitted to the Company without written consent of all members of the Company and on such terms and

conditions as shall be determined by all members, except as otherwise provided in the Company's regulations initially executed by all members.


ARTICLE VII PURPOSE

The purpose of formation of this LLC is to operate manufacture and sale of Maternity Accessories.

ARTICLE VIII- MEMBERS RIGHTS TO CONTINUE BUSINESS

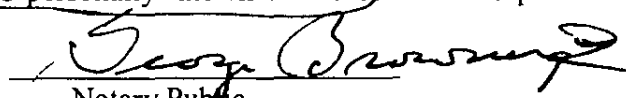
The right, if given, of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company shall be: The business of the Company may be continued only by written consent of all remaining members, except as otherwise provided in the Company's regulations initially executed by all members.

IN WITNESS WHEREOF, the undersigned executed this instrument affirming under penalties of perjury that the facts stated herein are true on May , 2009.


SHAUNIECE LEE
As Managing Member

STATE OF FLORIDA
COUNTY OF SARASOTA

SWORN TO and subscribed before me this 7 day of May, 2009, by SHAUNIECE LEE and RICHARD AGUILAR who is personally known to me or who has produced _____ as identification.


Notary Public

My Commission Expires:



GEORGE BROWNING, III
MY COMMISSION # DD 848110
EXPIRES: April 30, 2013
Bonded Thru Budget Notary Services

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: L. M. S. ENTERPRISES, LLC

2. The name and address of the registered agent and office is: SHAUNIECE LEE,
5640 Fountain Lake Circle, No. 107, Bradenton, FL 34207.

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.

DATED this 7 day of May, 2009


SHAUNIECE LEE