

**L09000006186**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

**L. SELLERS**

JUL - 9 2009

**EXAMINER**

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Szarsmith LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION  
OF  
Szarsmith LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **Szarsmith LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:  
3334 SW Vendome St, Port Saint Lucie, Florida 34953.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 1203  
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of  
Leon.


**ARTICLE IV DURATION**

The duration for the limited liability company shall be: **Perpetual.**

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the name and  
address of the member of the Limited Liability Company is:

Peter Szarowicz, 3334 SW Vendome St, Port Saint Lucie, Florida 34953

  
Business Filings Incorporated, Organizer  
Mark Williams, A.V.P.  
Authorized Representative  
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,  
WI 53717  
(608) 827-5300

Date: July 7, 2009

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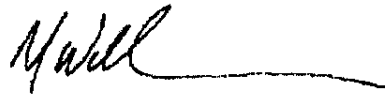
**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Szarsmith LLC**

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.



Signature: \_\_\_\_\_  
*Mark Williams, A.V.P. Business Filings Incorporated*

Date: *July 7, 2009*

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