

Florida Department of State

Division of Corporations Public Access System

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(((H09000173103 3)))



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Tυ:

From:

Division of Corporations

Fax Number

: (850)617 6383

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

1 of 1

S.M.A.R.T MANAGEMENT L.L.C.

Certificate of Status	0
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ARTICLE I - Name:

H09000173103

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is		
S.M.A.R.T MANAGER (Must end with the words "Limited Lish	bility Company, "L.L.C.," or "LLC.")	
•		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:	*
The maining address and sheet address of the	principal office of the Emittee Emerity Company is:	
Principal Office Address:	Mailing Address:	
7344 Sw 485+ svik 201 141ami, Fl 33155	SAME	
Mami, 71 33155	· · · · · · · · · · · · · · · · · · ·	
Florida street a	e registered agent are:	

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

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	VIRGINIA GARCIA 7344 SW 48 ST JUL 201 Wigni, FI 33155	
MGRM	Juan Carlos Quintana 7344 SW 48 ST SVIK 201 Wiami, FT 33155	
MGRM	Uarianne Huember 7344 SW 48 st SVIEZOL Wiani, FI 33KS	
		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mus to or 90 days after the date of filing.)	the date of filing: $\frac{7/27/09}{}$. (OPTIONAL) at be specific and cannot be more than five business days prior	·
REQUIRED SIGNATURE:	9 JUL 30 SECRETAR TALLAHASS	
ACO	## ## ## ## ## ## ## ## ## ## ## ## ##	ीलासीक्ट्री जू
Signature of a mer	mber or an authorized representative of a member.	g i i
of this document or	h section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penaltics of perjury led herein are true.	
Juan C	Typed or printed name of signer	

Filing Foos:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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