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B. KOHR

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EXAMINER

COVER LETTER

	on Section Corporations	દ્
SUBJECT:	Sm	art Android Apps
Sebacer.		eart Android Apps ted Liability Company
The enclosed Article	es of Organization and fee(s) are	
Please return all corn	respondence concerning this mat	ter to the following:
	Ale	exander Rocha Name of Person
		Name of Person
	Sma	art Android Apps
		Firm/Company
	57	74 NW 35th PI
		Address
	Boca R	Raton, Florida 33431
	Ci	ty/State and Zip Code
	E-mail address: (to be used	cha55@gmail.com for future annual report notification)
For further informat	ion concerning this matter, pleas	·
	xander Rocha une of Person	at (561)843-3968 Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
\$125.00 Filing Fe	ce / I\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	00 TENCE
The name of the Limited Liability Company	is: d Apps, LLC iability Company," "L.L.C.," or "LLC.")
Smart Android	d Anns II C
(Must end with the words "Limited Li	iability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	ئ و
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
574_NW 35th Pl	574 NW 35th Pl
Boca Raton, Florida 33431	Boca Raton, Florida 33431
	der Rocha
Na	ime
574 N\	W 35th PI
Florida street address (I	P.O. Box NOT acceptable)
Boca Raton, FL 3343	31 _{FL}
City, Stat	te, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and
accept the obligations of my position as r	registered agent as provided for in Chapter 608, F.S
accept the obligations of my position as r	

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manag "MGRM" = Mar	_	Name and Address:
MGRM		Alexander Rocha
		574 NW 35th PI
		Boca Raton, Florida 33431
MGRM		Michael Moussa
•	· ····	54 Carroll Hill Rd
		Charlton, MA 01507
(Lice attachment	if nagaccary)	• • • • • • • • • • • • • • • • • • •
effective date is lis	date, if other than the	e date of filing: (OPTIONA be specific and cannot be more than five business days
CLE V: Effective effective date is lis 0 days after the days	date, if other than the sted, the date must bate of filing.)	e date of filing: (OPTIONA be specific and cannot be more than five business day
CLE V: Effective effective date is lis	date, if other than the sted, the date must be ate of filing.) GNATURE:	e specific and cannot be more than five business day
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CLE V: Effective effective date is list 0 days after the days	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of this document cons	er or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
CLE V: Effective effective date is list days after the days	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitute the facts stated he	er or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)

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