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SECRETARY OF STATE

M. THOMAS
NOV 17 2009
EXAMINER

November 10, 2009

Registration Section

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Re: Nicole Smith, LLC Corporation Registration

To whom it may concern,

Please find enclosed a check in the amount of \$125.00 fir the filing fee related to filing a new LLC entity, Smith, LLC.

My contact information is listed on this letterhead in the event you need to contact me for any reason

Regards,

Nicole Smith

COVER LETTER

,	Division of Corpo					
SUBJE	CT:	Ni	icole Sr	nith, LLC		
		Name of Limi	ted Liabilit	y Company		
The enc	losed Articles of O	ganization and fee(s) are	submitted	for filing.		
Please r	eturn all correspond	lence concerning this ma	tter to the f	ollowing:		
	****	· · · · · · · · · · · · · · · · · · ·	Nicole S			
			Name of P	erson		
_		Ni	cole Smi			
			Firm/Com	pany		TASE BE
=		801	Baltimo	re Drive		CRE 6
			Addre	SS		2009 NOV 16 AM 11: 19 SECRETARY OF STATE TALLAHASSEE, FLORID
		Or	lando, Fl	_ 32810		10年
_		Ci	ty/State and	Zip Code		EST :
_		nicole E-mail address: (to be used	smithlic@	gmail.com	on)	<u> </u>
For furt		cerning this matter, pleas		•		r
	Nicole		_ ~ ` `	.07	948-0054	
	Name of P	erson	A	rea Code & Daytime	: Télephone Numb	ег
Enclose	ed is a check for the	ne following amount:				
(]\$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certi	00 Filing Fee & fied Copy onal copy is enclosed	Certifica d) Certified	Filing Fee, te of Status & Copy copy is enclosed)
]]]	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	F I (2	Street/Courier Add Registration Section Division of Corpora Clifton Building 1661 Executive Cer Callahassee, FL 323	ations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:			
	e Smith, LLC			
(Must end with the words "Lim	nited Liability Company," "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited	Liability Co	mpar	ny is:
Principal Office Address:	Mailing Address:			
801 Baltimore Drive	801 Baltimore Drive			
Orlando, FL 32810	Orlando, FL 32810			
801 Florida street addo Orlando	own Registered Agent. You must designate an in-	dividual LAHASSEE, FLORIDA	31 : 11 HA 61 YON 6005	
registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position	nated in this certificate, I hereby accept capacity. I further agree to comply w	t the appoints ith the provis am familiar	ment (sions (with (as of all and

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address: 1ember
MGRM	Nicole Smith
	801 Baltimore Drive
	Orlando, FL 32810
; 	
	7. 2
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	ASS.
	y . ,
	mon :
(Use attachment if necess	sary) 되고
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LE V: Effective date, if o	ther than the date of filing: 11/1/109 (OPTION
LE V: Effective date, if o fective date is listed, the	ther than the date of filing: 11/1/109 (OPTION date must be specific and cannot be more than five business date
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