L09000114285

Linda Bennett (Requestor's Name)
509 S. Chickasaw Tv (Address) #316
(Address)
Orlandu, Fl 32825 (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: James Smith LLC (Must end with the words "Limited Liability 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: **Principal Office Address: Mailing Address:** 509 S Chickasaw Trail #316, Orlando 509 S. Chickasaw Trail #316, Orlando, £ FL 32825 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Linda Bennett Name 509 S. Chickasaw Trail #316 Florida street address (P.O. Box NOT acceptable) Orlando,32825 FL ろこをこら City, State, and Zip 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 as provided for in Chapter 608, F.S..

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

<u>Title:</u> "MGR" = Ma "MGRM" = N	nager ⁄Ianaging Member	Name and Address:
MGR		Linda Bennett 509 S. Chickasaw Trail #316 Orlando, Fl 32825
CLE V: Effecti	ent if necessary) ve date, if other than the listed, the date must	he date of filing: (OPTIONAL) the specific and cannot be more than five business days p
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE:	t be specific and cannot be more than five business days p
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a mem (In accordance with	be specific and cannot be more than five business days purely section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

140.00