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Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		

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EXAMINER

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CORPORATION NAME(S) & DOCUM	AENT NUMBER(S), (if k	nown):
1. SMRBB Fam (Corporation Name) 2. (Corporation Name)	(Document #) (Document #)	. 1
4. (Corporation Name) Walk in Pick up time	(Document #)	Certified Copy
Mail out Will wait	Photocopy 4	Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger	, Officer/Director ed Agent
OTHER FILINGS	REGISTRATION/QUA	<u>ALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
		Examiner's Initials
CR2E031(7/97)		LAGUINT 5 IRWS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO

ARTICLE I - Name: The name of the Limited Liability Company is:

SMRBB FAMILY MANAGEMENT COMPANY, 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:
1136 Beck Avenue Panama City, Florida 32401	1136 Beck Avenue Panama City, Florida 32401

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:

Louis Nostro		
Name		
Shutts & Bowen LLP, 201	S. Biscayne Blvd.	
Florida street address (P.O. Box NOT acceptable)		
Miami	FL 33131	
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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2 (CONTINUED)

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	Barron Jefferson Russell
	1136 Beck Avenue
	Panama City, Florida 32401
	· · · · · · · · · · · · · · · · · · ·
	·
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must o or 90 days after the date of filing.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Bann	ber or an authorized representative of a member.
· ·	section 608.408(3), Florida Statutes, the execution
	nstitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee