

L10000056708

\*\*\*\*\*PLEASE RE-EMAIL AND GIVE ORIGINAL SUBMISSION DATE AS THE FILE DATE.\*\*\*\*\*

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H10000120223 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

FILED  
10 MAY 26 AM 8:15  
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TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
SMITH ASSOCIATES FLORIDA BANKING FUND II LLC

Certificate of Status	0
Certified Copy	0
Page Count	03 05
Estimated Charge	\$125.00

W1-24570

J. BRYAN

MAY 27 2010

EXAMINER

\*\*\*\*\*PLEASE RESUBMIT AND GIVE ORIGINAL SUBMISSION DATE AS THE FILE DATE\*\*\*



May 20, 2010

CORPORATION SERVICE COMPANY

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUBJECT: SMITH ASSOCIATES FLORIDA BANKING FUND II LLC  
REF: W10000024570

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TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

FAX Aud. #: H10000120223  
Letter Number: 010A00012735

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10 MAY 26 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314



OFFICE OF FINANCIAL REGULATION

J. THOMAS CARDWELL  
COMMISSIONER

FINANCIAL SERVICES  
COMMISSION

CHARLIE CRIST  
GOVERNOR

BILL MCCOLLUM  
ATTORNEY GENERAL

ALEX SINK  
CHIEF FINANCIAL OFFICER

CHARLES BRONSON  
COMMISSIONER OF  
AGRICULTURE

May 25, 2010

Kim Baber, Esq.  
P.O. Box 352  
Grand Rapids, MI 49501-0352

Dear Ms. Baber:

Re: Smith Associates Florida Banking Fund II LLC

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Office that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

Linda B. Charity  
Director

LBC:bk

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations,  
Department of State

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is Smith Associates Florida Banking Fund II LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address

106 East 8th Street  
Holland, Michigan 49423

Mailing Address

106 East 8th Street  
Holland, Michigan 49423

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE

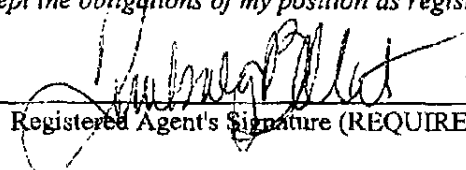
The name and the Florida street address of the registered agent are:

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32301  
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)

Kimberly B. Moret  
as its agent

(CONTINUED)  
Page 1 of 2

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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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

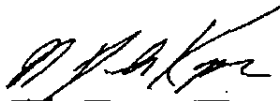
Smith Associates Bank Fund Management LLC  
106 East 8th Street  
Holland, Michigan 49423

**ARTICLE V - EFFECTIVE DATE**

Effective date, if other than the date of filing: \_\_\_\_\_ (optional).

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

N. Dale Kaper, Manager of Smith Associates Bank Fund Management LLC, Member

Typed or printed name of signee

**Filing Fees**

\$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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