L10000090972

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Warne)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1

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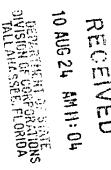
EXAMINER EXAMINER



600184281486

08/24/10--01011--018 **78.75

08/30/10--01007--019 **76.25



CIVISION OF CORPORATION

W1-40042

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

	Office Use Only	· ·
ORATION NAME(S) & DO	CUMENT NUMBER(S), (if known):	
	INVESTORY INC	<u>-</u> _
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
	·	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
Walk in Pick up time	e <u>2.06</u> Certified Copy	
Mail out Will wait	Photocopy Certificate of S	Status
		,
EW FILINGS	AMENDMENTS	
Profit Not for Profit	Amendment Regionation of R. A. Officer/Director	
Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
THER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
	Reinstatement Trademark	
	Other	
E031(7/97)	Examiner's Ini	nais





August 25, 2010

LAZARUS

SUBJECT: SMART INVESTORS INC

Ref. Number: W10000040042

We have received your document for SMART INVESTORS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 010A00020364

RECEIVED

10 AUG 30 PH IZ: 14

DEPARTMENT OF STATE

JIVISION OF SORPORATION

ARTICLE I - Name:	, ÷
The name of the Limited Liability Cor	mpany is:
SMART PLAYERS, LLC	mitted Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Li	mitted Liability Company, "L.L.C.," or "LLC.")
ARTICLE H - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1735 WA-KE-NA OR	1735 WA-KE-NA DR
MAMI PL 38159	MIAMLEL 33133
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as in- business entity with an active Plorida registration.	egistered Office, & Registered Agent's Signature: s own Registered Agent, You must designate an individual or another
The name and the Florida street addres	ss of the registered agent are:
SIMONETTE E T	ABARIY

Name

1735 WA-KE-NA DR

Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33133 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)

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member SIMONETTE E TABARLY MGR 1735 WA-KE-NA DR MIAME PL 33133 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective data 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.) **REOUIRED SIGNATURE:**

SIMONETTE E TABARLY

that the facts stated herein are true.)

Typed or printed name of signee

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