

L11000052486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



70020293752

05/02/11--01024--004 \*

Effective Date 5/3/11

11 MAY - 2 AM 11:02

T. HAMPTON

MAY - 4 2011

EXAMINER

**ARTICLES OF ORGANIZATION COVER LETTER**

29 April 2011

TO: Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: **S-M-C Dynamics, LLC**

The enclosed Articles of Organization and fees are submitted for filing. Please return all correspondence concerning this matter to the following:

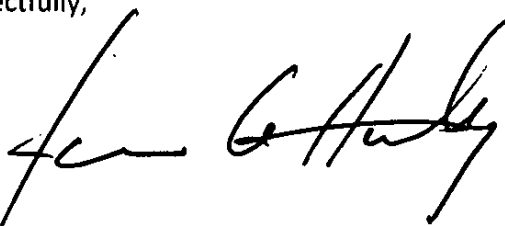
**James A. Hurley**  
**1410 Rhode Island Avenue**  
**Lynn Haven, Florida 32444-2159**  
**hurleyjd@knology.net**

For further information concerning this matter, please call:

**James A. Hurley at (850) 624-0400**

Enclosed is a check payable to Florida Department of State in the amount of **\$160.00** for Filing Fee, Certificate of Status, and a Certified Copy.

Respectfully,

A handwritten signature in black ink, appearing to read "James A. Hurley", written over a horizontal line.

James A. Hurley

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1 – Name**

The name of the Limited Liability Company is:

**S-M-C Dynamics, LLC**

Effective Date **5/31**

**ARTICLE II – Address**

The principle office street address and the mailing address of the Limited Liability Company are:

Principle Office Address

Mailing Address

**1410 Rhode Island Avenue  
Lynn Haven, FL 32444-2159**

**1410 Rhode Island Avenue  
Lynn Haven, FL 32444-2159**

**ARTICLE III – Registered Agent, Registered Office, and Registered Agent's Signature**

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

**James A. Hurley  
1410 Rhode Island Avenue  
Lynn Haven, FL 32444-2159**

*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, Florida Statutes.*

(CONTINUED)

**ARTICLE IV – Manager(s) or Managing Member(s)**

The name and address of each Manager or Managing Member is as follows:

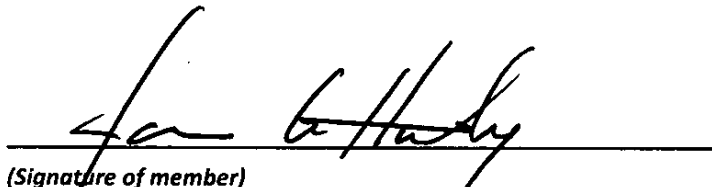
**MGRM**        **James A. Hurley**  
1410 Rhode Island Avenue  
Lynn Haven, FL 32444-2159

**MGRM**        **Debra L. Hurley**  
1410 Rhode Island Avenue  
Lynn Haven, FL 32444-2159

**ARTICLE V – Effective Date**

The effective date of this Limited Liability Company shall be: **May 3, 2011.**

**SIGNATURE**

  
\_\_\_\_\_  
(Signature of 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s. 817.155 Florida Statutes.)*

**James A. Hurley**  
(Typed name of signee)

**FILING FEES**

\$125.00	Filing Fee for Articles of Organization and Designation of Registered Age
\$ 30.00	Certified Copy
\$ 5.00	Certificate of Status