## L12-000038049

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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DIVISION OF CORPORATIONS
TALLANASSEE, FLORIDA

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MAR \_ 9 2012

EXAMINER

## COVER LETTER

TO: Registration of Division of	on Section Corporations		
SUBJECT:	SMCG LLC Name of Limited Li	ability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Article	es of Organization and fee(s) are subm	itted for filing.	
Please return all cor	respondence concerning this matter to	the following:	
· ·	STACY SAACKS	GREF	
	V Rain	of reison	
<del> </del>	Firm	/Company	
	109 S 30 4h 8+	#2 alt	
	109 S. 30 4 ST.	tudicas	
	MEXICO BENCH City/State STACHGRES (O Ma Email address: (to be used for fut	C1 32456	
(	City/Stal	e and Zip Code	
	Email address: (to be used for fut	ure annual report notification)	
	ion concerning this matter, please call.		
STA	at (	850 899-0 Area Code & Daytime Telep	O622 phone Number
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	CO SHARE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
	0
(Must end with the words "Limited Liabili	
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
109 S. 3044 ST MEXICO BETTICH F1 32456	Smic
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	
STACY SAACKS	, Gref
109 S. 30 H. ST Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
MEXICO BEACH City, Sta	CFL 32456 te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
L Registered Agent's Signature	ure (REQUIRED)
(CONTIN	
Page 1 of 2	

The state of the s

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	STACK SHACKS GREEF 1095. 30th ST #3 MEXICO BENCH, FI 32456
<del></del>	
ffective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days
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