## L12000064579

	<u></u>			
(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Do	ocument Number)			
Certified Copies	Certificates	of Status		
	_			
<u> </u>		· · · · · · · · · · · · · · · · · · ·		
Special Instructions to Filing Officer:				
		1		
	,			
L				

Office Use Only



900234736499

05/10/12--01015--018 \*\*125.00

12 MAY IO AM IO: 33
SECRETARY OF STATE

C. LEWIS

MAY 1 4 28/2

EXAMINER

## COVER LETTER



## SUBJECT: SMART MARKETING USA LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all corres	pondence concerning this matt	er to the following:	
GUIDO I	DIAZ		
		Name of Person	
SMART	MARKETING US	A LLC	
		Firm/Company	
5151 NW	/ 112 PL		
<u> </u>		Address	
DORAL, F	L. 33178		
		/State and Zip Code	
GUIDIAZ@	YAHOO.COM		
	E-mail address: (to be used f	or future annual report notification)	
For further information	concerning this matter, please	call:	
GUIDO DIAZ		at (954 ) 292-8282	
Name of Person		Area Code & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:		
<b>√</b> \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	iny is:
SMART MARKETING USA	A LLC
(Must end with the words "Limite	d 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:
5151 NW 112 PL	
OORAL, FL. 33178	
	stered Office, & Registered Agent's Signature:

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

business entity with an active Florida registration.)

**GUIDO DIAZ** Name 5151 NW 112 PL

Florida street address (P.O. Box NOT acceptable) DORAL, FL. 33178

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..

> Agent's Signature (REQUIRED) Registere

> > CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

FILED

The name and address of each Manager or Managing Member is as follows: MAY 10 AM 10: 33

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGR	GUIDO DIAZ	
	5151 NW 112 PL DORAL, FL. 33178	
MGRM	JAIRO E. GARCIA	
· · · · · · · · · · · · · · · · · · ·	10780 NW 58 ST	
	DORAL, FL. 33178	
	-	
(Use attachment if necessary)  LE V: Effective date, if other than the	Ma1 08-	-2012 -60
LE V: Effective date, if other than the	date of filing: APRIL 30-201	(OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: <u>APRIL 30-2012</u>. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**GUIDO DIAZ** 

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)