12-000087448

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	•	





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T. CLINE
JUL -5 2012
EXAMINER

SECRETARY OF STATE

ACTIVE FILINGS LLC

3109 Stirling Rd. Suite 202, Ft. Lauderdale, FL 33312

Phone/Fax: 1-800-609-2521 Email: operations@activefilings.com

Transmittal Letter

Type of Request:

🗍 Expedited 📝 Normal

Date: Jun 22, 2012

Department of State Division of Corporations, P.O. Box 6327 Tallahassee, 32314, FL

Subject:

Smartandrich LLC

SUBMITTERS INFORMATION

Account #

Contact Person:

Roberto Neuberger 1-800-609-2521 x703

Phone / Fax number : Email address:

Operations@activefilings.com

DOCUMENT FILING REQUEST INFORMATION

Company Name:

Smartandrich LLC

File Number

Type of Filing:

Articles of Organization

Reservation #

PAYMENT INFORMATION

Amount to pay:

\$125.00

Payment method:

Credit Card 7 Check

FILING INSTRUCTIONS / COMMENTS

Encl.: Articles of Organization with Attachment, Consent of Registered Agent and check

METHOD OF RETURN

t...!

Messenger / Pick up

F

Courier service:

FedEx / DHL / UPS

Account Nbr:

1

Regular Mail (please use the pre-addressed envelope)

Sincerely,

Active Filings LLC

2012 JUL -2 AN IN AS SECRETARY OF STATE TALLAHASSEE, FI GRIDA

COVER LETTER

Division of Corporations		·
SUBJECT: Smartandrich LLC		
	ed Liability Company	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Roberto Neuberger		
	Name of Person	
Active Filings LLC		
	Firm/Company	
3109 Stirling Rd. Suite 202		
	Address	
Fort Lauderdale, FL 33312		
Ciņ	y/State and Zip Code	
operations@activefilings.com	or future annual report notification)	
	,	
For further information concerning this matter, please	eall:	
Roberto Neuberger	at (800) 609-2521	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}	(additional copy is enclosed) Certified (of Status &
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 Circle Tallahassee, FL 32301	2012 JUL -2 SECRETARY E IALLAHASSEE

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIAI	BILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Compan	ıy is:	
Smartandrich LLC	·	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
7337 Gatehouse Circle Apt 129 Orlando, FL 32807	7337 Gatehouse Circle / Orlando, FL 32807	Apt 129
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of	the registered agent are:	
Corporation Servic	e Company	
	Name	
1201 Hays Str	· · · · · · · · · · · · · · · · · · ·	
	eet address (P.O. Box <u>NOT</u> acceptable	2)
Tallahassee Ci	FL 32301 ity, State, and Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate. I hereby accopacity. I further agree to comply te performance of my duties, and	ept the appointment as with the provisions of all d I am familiar with and
see attachm	nent	<u> 존</u> 겠 🖳 🚌
Registered Agent's	Signature (REQUIRED)	UL -2 /
(CON	TINUED)	FLERIE
D	. 1 . 4°7	•

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Tom Vasquez Acosta
	7337 Gatehouse Circle Apt 129
	Orlando, FL 32807
MGRM	Rosa Dayana Polanco Cruz
	7337 Gatehouse Circle Apt 129
	Orlando, FL 32807
AAC DAA	Huascar Geordano Peña Ramirez
MGRM	
	Calle Costa Rica No. 77, Apto. 2-A, Ens. Ozama Santo Domingo Este, DN 1809, Dominican Rep
MODM	Japan Maral Liriana
MGRM	Jonas Morel Liriano
	Calle Costa Rica No. 77, Apto. 2-A, Ens. Ozama Santo Domingo Este, DN 1809, Dominican Rep
	Santo Bonningo Este, Div 1005, Bonninean rep
ffective date is listed, the date mus	the date of filing: (OPTION to be specific and cannot be more than five business date
ffective date is listed, the date mus	
ffective date is listed, the date mus	t be specific and cannot be more than five business da
ffective date is listed, the date mus days after the date of filing.)	t be specific and cannot be more than five business da —DocuSigned by:
ffective date is listed, the date mus days after the date of filing.)	t be specific and cannot be more than five business da
ffective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE:	Docusigned by: Ton: Vasques Acosta 600900856FDC4FA
ffective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business da —DocuSigned by:
ffective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with section constitutes an affirmation un I am aware that any false in	Ton Vaspee Acosta mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State
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ffective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE: Signature of a ment of the date of filing.	Ton Vaspee Acosta mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.) ez Acosta Typed or printed name of signee
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ATTACHMENT TO ARTICLES OF ORGANIZATION

OF

SMARTANDRICH LLC

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

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

MGRM, Jose Ernesto Matos Cepeda, Calle Costa Rica No. 77, Apto. 2-A, Ens. Ozama, Santo Domingo Este. DN 1809, Dominican Republic

MGRM, Celestina Rodriguez. Calle Costa Rica No. 77, Apto. 2-A, Ens. Ozama, Santo Domingo Este, DN 1809, Dominican Republic

MGRM, Yokasta Mateo Arias, Calle Costa Rica No. 77, Apto. 2-A, Ens. Ozama, Santo Domingo Este, DN 1809, Dominican Republic

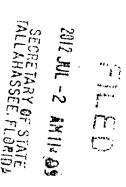
MGRM, Raymi Rodolfo Bueno Perez, Calle Costa Rica No. 77, Apto. 2-A, Ens. Ozama, Santo Domingo Este, DN 1809, Dominican Republic

MGRM, Jesus Francisco Bautista Perez, Calle Costa Rica No. 77, Apto. 2-A, Ens. Ozama, Santo Domingo Este, DN 1809, Dominican Republic

Date: June 22, 2012

Docusigned by:
Ton Vasques Acosta
60D9C0B5EFDC4FA.

Tom Vasquez Acosta Member



Consent of Appointment by the Registered Agent

We, Corporation Service Company an authorized company to transact business in the state of Florida hereby give our consent to serve as the registered agents for

Smartandrich LLC

Having been named as registered agents and to accept service of process for the above stated corporation at 1201 Hays Street, Tallahassee, FL 32301, county of Leon, We hereby accept the appointment as registered agents and agree to act in this capacity.

We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and are familiar with and accept the obligations of our position as registered agents.

Dated Jun 22, 2012

Asst. VP

Corporation Service Company Registered Agents