

L12000140888

11/6/12

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: scott@scottgriffin.com

FLORIDA LIMITED LIABILITY CO.  
S&M Leasing LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED  
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TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 7 2012

EXAMINER

H12000265571

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **S&M Leasing 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:

2645 Sorrel Ridge Road

2645 Sorrel Ridge Road

Crestview, FL 32536

Crestview, FL 32536

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Jeffrey Scott Griffin

Name

2645 Sorrel Ridge Road

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Crestview, FL 32536

(City / State / 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 - Jeffrey Scott Griffin

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

H12000265571

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

**Title:**

**Name and Address:**

"MGR" - Manager

"MGRM" - Managing Member

MGRM

Jeffrey Scott Griffin - 2645 Sorrel Ridge Road, Crestview, FL 32536

MGRM

Lycrecia Michele Clark - 2645 Sorrel Ridge Road, Crestview, FL 32536

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
Signature of a member or 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. )

Jeffrey Scott Griffin

Typed or printed name of signee

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