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COVER LETTER

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	Registration S Division of Co			
SUBJEC	CT: SM	Name of Limi	COLOMBIAN OF MEDICAL COMPANY	Coddenic
The enclo	osed Articles of	Organization and fee(s) are	submitted for filing.	河流 立一个
Please re	turn all corresp	ondence concerning this mat	ter to the following:	第
	Tata	uana Sm	14h	
	ι)	Name of Person	THE P
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For further	er_information of	concerning this matter, please	e call:	
Ta	tayan Name o	Sm/H of Person	_ at (<u>850</u>) <u>688 0</u> Area Code & Daytime Tele	300 phone Number
Enclosed	d is a check fo	or the following amount:		
□\$125.00	0 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Snith Communications of Godsden UC
(Must end with the words "Limited 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:
475 Rustling Aros Blod 475 Rustling Aros Blod
Miduly, 17 32343 Miduly, 17 32343
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Interpretation
Horida strocyaddress (P.O. Box NOT acceptable) Florida strocyaddress (P.O. Box NOT acceptable) Florida strocyaddress (P.O. Box NOT acceptable)
Midwdy, FL 33343 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limite 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 (REQUIRED)
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MERM	Totagora Smith
	Midury FF 37343

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 1542013 (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 thember 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.)

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)