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(Re	equestor's Name)	
(Address)		
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(Ci	ity/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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L. SELLERS		
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13 MAY 17 AM 8: 00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SMART SAVINGS DISTRIBUTION LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
BINDU NAIR Name of Person
SMART SAVINGS DISTRIBUTION LLC Firm/Company
7950 NW 5302 Street Suite \$337
Miami, FL 33166 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (408) 836-2175 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, 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	, je.
The name of the Elimited Elability Company	15.
	DISTRIBUTION LLC iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7950 NW537 8770	+ SAME AS Princip
many FL 33166	; fice
	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another

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

Name

1950 NW 537 8700 Florida street address (P.O. Box NOT acceptable)

Swite 33+ FL Miani, FL 33166

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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13 HAY 17 AM 8: 00

SECRETARY OF STATE
TALLAMASSEE, FLORIDA

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:
MGR	VISHESH NAIR
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.)	date of filing: (OPTIONAL) t be specific and cannot be more than five business days
REQUIRED SIGNATURE:	W.
Signature of a membe	r or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inforn	3.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties in a document to the Department of State vas provided for in s.817.155, F.S.)
	ped 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)