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COVER LETTER

	TO: Registration Section Division of Corporations		
	SUBJECT: Smith's PC Service 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:		
	Louie C. Smith		
	Name of Person		
	Firm/Company		
	2511 Glover Rd. Address		
	Tallahassee Fl. 32305 City/State and Zip Code /oure.sm;th @hotmail.com E-mail address: (to be used for future annual report notification)		
	City/State and Zip Code		
	F-mail address: (to be used for future annual report notification)	立	
	For further information concerning this matter, please call:	C	
	For futurer information concerning this matter, please can.	-ئە ا	• • •
	Louie C. Smith at (850) 559-7955 Name of Person Area Code Daytime Telephone Number	P	100°
	Name of Person Area Code Daytime Telephone Number	4 JEN -7 PN 2:5	
	Enclosed is a check for the following amount:	25	
<u> </u>	\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed))	
	Mailing Address Registration Section Street/Courier Address Registration Section		

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

Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Smith's PC Service, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address The mailing address and	s: I street address of the principal o	ffice of the Lir	nited Liability	Company is:			
Principal Office Addr	ess: Maili	ng Address:					
2511 Glover A Trallahassee,	2d. FL. 32305	2511 Talla	6/over	Rd. FL. 323	<u>. 5</u>		
(The Limited Liability	ered Agent, Registered Office, Company cannot serve as its own with an active Florida registratio	Registered Ag			dividua	l or	
The name and the Florie	la street address of the registered	-					
	Louie C. Name	Smith	·	_			
	2511 Glover	- Rd.					
	Florida street address (P.O. Box		ible)	_			
	Tallahussee City	FL	3230	5			
	City		Zip				
the place designated capacity. I further ag	Jours &	t the appointm of all statutes r	ent as registere relating to the p	d a <mark>gent and agr</mark> roper and comp	iee to ac olete per	ct in this rforman	ce
	(CONTINU Page 1 of 2			### ### ### ### ### #### #############		14 JAN - 7 F	
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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)