

✓
L140000 19989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

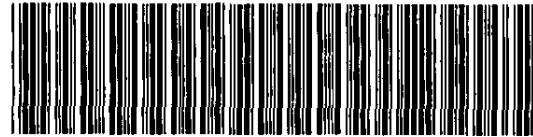
(Document Number)

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2014 FEB - 4 P 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
FEB - 5 2014
EXAMINER

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: GDSMITH LLC GDSmith Consulting 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:

Gary D. Smith
Name of Person

GDSMITH LLC
Firm/Company

5836 Jacquelyn Dr.
Address

Zellwood FL 32798
City/State and Zip Code

mrtcgmsz@cfl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Smith at (407) 880-0409
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 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/Conrier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2014 FEB -4 P 1:04
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~GDSMITH LLC~~ GDSMITH CONSULTING LLC
(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:

5836 Jacquelyn Dr.
Zellwood FL 32798

Mailing Address:

P.O. Box 1034
Zellwood, FL 32798

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:

Gary D. Smith
Name
5836 Jacquelyn Dr.
Florida street address (P.O. Box **NOT** acceptable)
Zellwood FL 32798
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 , F.S.

Gary D. Smith
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Gary D. Smith
5836 Jacquelyn Dr
Zellwood, FL 32798

MGR

Lisa L. Smith
5836 Jacquelyn Dr

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DEPARTMENT OF STATE
CORPORATION DIVISION

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Gary D. Smith
Signature of a member or an authorized representative of a member.

(In accordance with _____, 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.)

Gary D. Smith
Typed or printed name of signer

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2014

GARY D. SMITH
5836 JACQULYN DRIVE
ZELLWOOD, FL 32798

SUBJECT: GD SMITH LLC
Ref. Number: W14000001863

FILED
2014 FEB -4 P 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GD SMITH LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P05000001772.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 614A00000647