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FLORIDA LIMITED LIABILITY CO. SMD INDUSTRIES, LLC

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3/12/2014 03/13/5014 11:32 FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2014

CORP USA

SUBJECT: SMD INDUSTRIES, LLC

REF: W14000016220

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act. Chapter 605, Florida Statutes.

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.

Tammi Cline Regulatory Specialist II FAX Aud. #: E14000060613 Letter Number: 914A00005476

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P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The Name of the Limited Liability Company shall be:

SMD INDUSTRIES, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the at.

ARTICLE III

The mailing address and street address of the principal office of the limited liability company is:

8005 SW 79 TERRACE MIAMI, FL 33143

ARTICLE IV

The name of the Manager(S) shall be:

MANAGER STEVEN M. DIAZ 8005 SW 79 TERRACE MIAMI, FL 33143

ARTICLE V

The name and Florida street address of the registered agent shall be:

STEVEN M. DIAZ 8005 SW 79 TERRACE MIAMI, FL 33143

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

SMD INDUSTRIES, LLC	
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Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Signature of Registered Agent

Signature of Registered Agent

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Typed or printed name signee H14000660613