14000058943

(Requestor's Name)
(Address)
(Addiess) -
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700258412587

04/08/14--01014--022 **130.00

APR 1 0 2014 T CLINE

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJI	ECT: Little Smartie Pants, LLC Name of Lie	mited Liability Company		
The en	aclosed Articles of Organization and fee(s) a	are submitted for filing.		
Please	return all correspondence concerning this m	natter to the following:		
	Brian Woyt or John Rice	Name of Person		
	Little Smartie Pants, LLC	Firm/Company		
	830 A1A N Suite 13151	Address	ring Transport	201
		Address	LORE TABLE	1 ER
	Ponte Vedra, FL 32082-3215	City/State and Zip Code		-8
-pı	rian@littlesmartiepants.com E-mail address: (to be use	ed for future annual report notification	on)	
For fu	ther information concerning this matter, ple	ase call:	57	ن ن
<u>Brian</u>	Woyt at (at (904) 687-9692 Area Code Daytime Telep	phone Number	
Enclos	ed is a check for the following amount:			
□ \$125.0	00 Filing Fee \$\bigsim \text{\$\sum \$\sum	Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	ed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is: Little Smartie Pants, 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 of	Tice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
830 A1A N Suite 13151 Ponte Vedra, FL 32082-3215	same	- -	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration.) The name and the Florida street address of the registered in the company of the registered in the	Registered Agent. You must designate an indivi	idual or 2014 J.PR	• - 5
Brian Woyt Name			
Name		<u> </u>	ह वर
830 A1A N. Suite 13151			.
Florida street address (P.O. Box	NOT acceptable)	} * 5	٠.
Ponte Vedra	FL 32082-3215	ال ال ال	
City	Zip		
Having been named as registered agent and to accept serthe place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblique of the complex of	t the appointment as registered agent and agree of all statutes relating to the proper and complete ligations of my position as registered agent as proper 605, F.S	to act in t e perform	his ance
(CONTINUE	ED)		

Page 1 of 2

5000

BR" = Authorized Member	
R" = Manager	D for Mark
<u>R</u>	Brian Woyt
	830 A1A N Suite 13151
	Ponte Vedra, FL 32082-3215
R	John Rice
<u> </u>	830 A1A N Suite 13151
	Ponte Vedra, FL 32082-3215
	- VIIIO 100101 F 05005 0510

date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 d
Effective date, if other than the date of	cific and cannot be more than five business days prior to or 90 d
Effective date, if other than the date of date is listed, the date must be species.) Other provisions, if any.	cific and cannot be more than five business days prior to or 90 d
Effective date, if other than the date of date is listed, the date must be special.) Other provisions, if any. UIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90 d
Effective date, if other than the date of date is listed, the date must be special. Other provisions, if any. UIRED SIGNATURE:	nber or an authorized representative of a member.
Effective date, if other than the date of date is listed, the date must be special. Other provisions, if any. UIRED SIGNATURE: Signature of a men (In accordance with section 605	nber or an authorized representative of a member.
Effective date, if other than the date of date is listed, the date must be special. Other provisions, if any. UIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under	nber or an authorized representative of a member. 1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
Effective date, if other than the date of date is listed, the date must be special. Other provisions, if any. UIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member. 1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State
Effective date, if other than the date of date is listed, the date must be species.) Other provisions, if any. UIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member. 3.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Effective date, if other than the date of date is listed, the date must be species.) Other provisions, if any. UIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member. 3.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Effective date, if other than the date of date is listed, the date must be species.) Other provisions, if any. UIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member. 1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Effective date, if other than the date of date is listed, the date must be species.) Other provisions, if any. UIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member. 3.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, that is submitted in a document to the Department of State as provided for in s.817.155, F.S.) Typed or printed name of signee
Effective date, if other than the date of date is listed, the date must be species.) Other provisions, if any. UIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member. 1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Effective date, if other than the date of date is listed, the date must be species. Other provisions, if any. UIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member. 3.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, that is submitted in a document to the Department of State as provided for in s.817.155, F.S.) Typed or printed name of signee