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SEP. 1.1 2014 J. BRUCE

COVER LETTER

TO: Registratio	n Section Corporations				
SUBJECT: R	Umina Sm Name of Li	mited Liability Company			
The enclosed Article	s of Organization and fee(s) a	are submitted for filing.			
Please return all corre	espondence concerning this n	natter to the following:			
1	Michael Mille	Name of Person			
		Name of Person		•	
				i	
		Firm/Company			
100	3 S. Bayshur	B1-d # 101			•
	3	Address	ः देशीय सुरक्ष	2014	ومحن
256	3 S. Bayshure	2 34695		SEP -	uacide F284
	(City/State and Zip Code	355	ည	124
Wr	Viller 133 @ gmail	a しいへ d for future annual report notific		PM 4: 36	
	E-mail address: (to be use	a for future annual report notifica	ation) Sec	- -	
For further information	on concerning this matter, ple	ase call:	\$	8	
Michael Nar	ne of Person at (732 735 243 (Area Code Daytime Te	Cl lephone Number		
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	2\$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)		
	iling Address istration Section	Street/Courier Add Registration Section	<u>ress</u>		

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

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 is:

Running Smoothig Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1003 S. Bayshar Blud #101 Safety Harbor FL 34695	Sofety Hursur FL 34695
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	gistered Agent. You must designate an individual or
The name and the Florida street address of the registered age	ent are:
Michael Miller	<u> </u>
Name	power
1003 S. Bayshow B	1vd #101 #2 of 1
Florida street address (P.O. Box No.	OT acceptable)
Safety Harbur	<u>FL 34여5</u> 활동 등 🗣
City	Zip G
capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the obliga	e appointment as registered agent and agree to act in this

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Holly Majoric
	1003 5 Ridgihar # 101 52 Fedy Hurber FL 34695
	- 3
	
EV: Effective date, if other than the date	e of filing: (OPTIONAL)
	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	pecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 66)	ember or an authorized representative of a member 105.0203 (1) (b), Florida Statutes, the execution of this decument
E V: Effective date, if other than the date etive date is listed, the date must be sp filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation und I am aware that any false information in the control of the constitutes are applied to the constitutes and affirmation und I am aware that any false information in the control of the constitutes are affirmation und I am aware that any false information.	ember or an authorized representative of a member of this decument of the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date etive date is listed, the date must be sp filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation und I am aware that any false information in the control of the constitutes are applied to the constitutes and affirmation und I am aware that any false information in the control of the constitutes are affirmation und I am aware that any false information.	ember or an authorized representative of a member of this decument of the penalties of perjury that the facts stated herein are true.
CV: Effective date, if other than the date etive date is listed, the date must be sp f filing.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation und I am aware that any false information in the control of the constitutes are affirmation und I am aware that any false information in the control of the constitutes are affirmation und I am aware that any false information in the control of t	ember or an authorized representative of a member of 305.0203 (1) (b), Florida Statutes, the execution of this decument of the penalties of perjury that the facts stated herein are true.

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\$ 5.00 Certificate of Status (Optional)