

#L14000146856

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2014 AUG 27 PM 3:35

CLERK OF STATE  
FALLAHASSEE, FLORIDA

2014 SEP 18 AM 9:50

FILED

K. SALY  
EXAMINER  
SEP 19 2014

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Smith Abstract & Title, LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Blake Hayward  
Attorney at Law  
2121-G Killarney Way  
Tallahassee, FL 32309

E-mail address (to be used for future annual report notification): [blake@haywardtitlegroup.com](mailto:blake@haywardtitlegroup.com)

For further information concerning this matter, please call:

Blake Hayward at (850) 386-4400

Enclosed is a check for the following amount: \$125.00 Filing Fee

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2014

BLAKE HAYWARD  
2121-G KILLARNEY WAY  
TALLAHASSEE, FL 32309

SUBJECT: SMITH ABSTRACT & TITLE, LLC  
Ref. Number: W14000052753

DIVISION OF CORPORATIONS

14 SEP 18 PM 2:42

RECEIVED

We have received your document for SMITH ABSTRACT & TITLE, 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):

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 014A00018480

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SMITH ABSTRACT & TITLE, 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:

Mailing Address:

293 SW PINCKNEY STREET  
MADISON, FL 32340

293 SW PINCKNEY STREET  
MADISON, FL 32340

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:

MARGARET ANN BUNCH

Name

293 SW PINCKNEY STREET

Florida street address (P.O. Box NOT acceptable)

MADISON

City

FL 32340

Zip

*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 Chapter 605, F.S.*

Margaret Ann Bunch

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2014 SEP 18 AM 9:50  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

MARGARET ANN BUNCH  
293 SW PINCKNEY STREET  
MADISON, FL 32340

FILED  
2014 SEP 18 AM 9:50  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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. 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.)

MARGARET ANN BUNCH

Typed or printed name of signee

**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)