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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Smith's Ecliting 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:
KRISTEN Smith Name of Person
Smith's Editing LC Firm/Company
3811 SVJ 160m AVE #208 Address
Miramus FL 33027  City/State and Zip Code  Smusechtner. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Kouster, Smith at (305) 2/3-/634
KRISTER Smith at (305) 2/3-/634 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\frac{125.00}{2}\$ Filing Fee \text{Principle} Status \text{S125.00}\$ Filing Fee \text{Principle} Status \text{S155.00}\$ Filing Fee \text{Principle} Status \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Smith's Ecliphon LLC (Must end with the words "Limited L	.iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3811 Sul 160m AVE # 208 Mirumue Fr 33027	2811 Shi 160th the #208 Mramor 12 33027	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered Agent. You must designate an individ	ual or
The name and the Florida street address of the registered a	gent are:	
KRISTEN Smith		
Name		
Florida street address (P.O. Box N	AVE #208 NOT acceptable)	
<u>Miramae</u> City	FL 33027 Zip	
City	Zip	•
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	he appointment as registered agent and agree to all statutes relating to the proper and complete p	act in this performance
Registere Agent's Signatur	te (REQUIRED)	22 43 
registered Agent 2 pignatur	e (neconder)	SE
(CONTINUE)	D)	29
Page 1 of 2	COF SALES	PM 2: 0

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
M6R	Kristen Smith 3811 Sw 160th Ave # 208 Miraman Fla 33027
ective date is listed, the date must be of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 day.
E V: Effective date, if other than the directive date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation up I am aware that any false in:	specific and cannot be more than five business days prior to or 90 days