

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GILLIGAN, GOODING & FRANJOIA, P.A.  
Account Number : I20010000016  
Phone : (352) 867-7707  
Fax Number : (352) 867-0237

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: JGOODING@OCALALAW.COM

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14 NOV -3 AM 10:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.  
SMAP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 NOV -3 P 12:03

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

SMAP, LLC

**ARTICLE II - Address:**

The street and mailing address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1531 SE 36th Avenue  
Ocala, FL 34471

**Mailing Address:**

1531 SE 36th Avenue  
Ocala, FL 34471

**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).

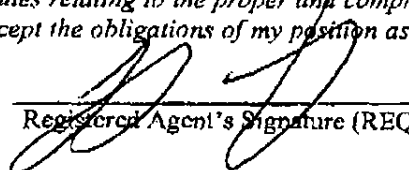
The name and the Florida street address of the registered agent are:

W. James Gooding III  
Name

1531 SE 36th Avenue  
Florida street address (P.O. Box is NOT acceptable)

Ocala, FL 34471  
City, State, and 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.*

  
Registered Agent's Signature (REQUIRED)

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11/03/2014 12:04  
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GILLIGAN KING GOODIN

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**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

MGR

Belinda Rodriguez  
4809 SE 11th Place  
Ocala, FL 34471

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TALLAHASSEE, FLORIDA

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**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.)

W. James Gooding III as authorized representative

Typed or printed name of signee

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