

L14000174381

(Requestor's Name)

(Address)

(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



200266170412

11/07/14--01031--021 \*\*125.00

FILED  
14 NOV - 7 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 07 2014

S. YOUNG

LAW OFFICES  
OUGHTERSON, SUNDHEIM AND ASSOCIATES, P.A.\*  
612 SE Central Parkway  
Stuart, Florida 34994

PHONE: (772) 287-0660 FAX: (772) 287-0422 E-MAIL: oswpa@bellsouth.net

FREDERICK G. SUNDHEIM JR.  
SANDRA SUNDHEIM-STRAUSBAUGH

WM. A. OUGHTERSON  
OF COUNSEL

November 4, 2014

Division of Corporations  
Secretary of State  
Post Office Box 6327  
Tallahassee, Florida 32314

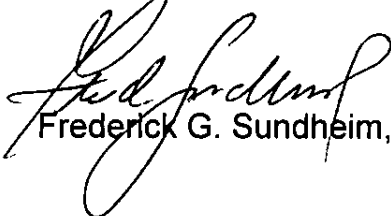
RE: John & Suzanne Smith Holdings, LLC

Dear Sirs:

I have enclosed a check in the amount of \$125.00 to cover your filing fee and obtaining a certified copy of the enclosed Articles of Organization for the above limited liability company.

Once the Articles have been filed, please return the copy to my office marked as filed.

Sincerely yours,

  
Frederick G. Sundheim, Jr.

FGS:sn  
S-713C  
Encls.

FILED  
14 NOV -7 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

**FOR**

**JOHN & SUZANNE SMITH HOLDINGS, LLC**

**Article I**  
**Name**

The name of the Limited Liability Company is JOHN & SUZANNE SMITH HOLDING, LLC.

**Article II**  
**Address**

The mailing address and street address of the principal office of the Limited Liability Company is 301 SW Indian Groves Drive, Stuart, FL 34994.

**Article III**  
**Duration**

The period of duration for the Limited Liability Company shall commence upon the date of execution hereof. The Limited Liability Company shall exist for thirty (30) years from such date unless sooner terminated.

**Article IV**  
**Management**

The Limited Liability Company is to be managed by the members and the name and address of the managing members are:

John T. Smith	301 SW Indian Groves Drive Stuart, FL 34994	Managing Member
Suzanne Smith	301 SW Indian Groves Drive Stuart, FL 34994	Member

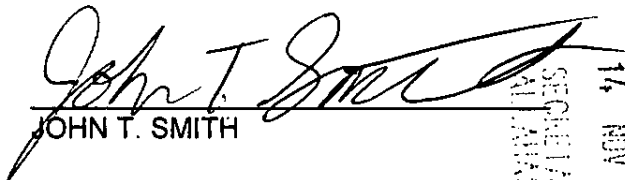
FILED  
14 NOV -7 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Article V**  
**Registered Agent, Registered Office, and Registered Agent's Signature**

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

JOHN T. SMITH  
301 SW Indian Groves Drive  
Stuart, FL 34994

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 as registered agent as provided for in Chapter 608, Florida Statutes.

  
JOHN T. SMITH

**Article VI**  
**Admission of Additional Members**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: The admission of new members shall be solely by majority vote (in interest) by the existing members, or as otherwise provided in the Agreement of Operation or Regulations.

**Article VII**  
**Members Rights to Continue Business**

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability companies shall be by majority vote of the members.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of JOHN & SUZANNE SMITH HOLDINGS, LLC, effective this \_\_\_\_ day of \_\_\_\_\_, 2014.

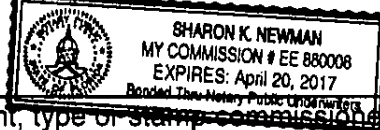
\_\_\_\_\_  
JOHN T. SMITH, Member

FILED  
14 NOV - 7 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

STATE OF FLORIDA  
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 7th day of November, 2014, by JOHN T. SMITH..

Sharon K. Newman  
Signature of Notary Public



Print, type or stamp ~~commissioned~~ name of Notary Public

Personally known ☒ or produced identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

FILED  
14 NOV -7 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA