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(Reque	estor's Name	)
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TAIL AND ASSEE, FLORID

M. Guillean NOV 172014

## **COVER LETTER**

TO:	Registration Division of (	ı Section Corporations		
SUBJI	ECT:	SmcF	+ LLC	
			nited Liability Company	
The en	closed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
		Youse	line Jacque Name of Person	es
			Name of Person	
			Firm/Company	
		12060	magazine s	+
			Address	
		orlando, F	132828 ity/State and Zip Code LTO GMC11-0 d for future annual report notifica	
		\[m\sel.a	ity/State and Zip Code	2014
		E-mail address: (to be used	for future annual report notifica	tion)
For fur	ther informatio	n concerning this matter, plea		
0	nista.	Merolus at	561, 299-1	8774
	Nan	ne of Person	Area Code Daytime Tel	lephone Number
Enclos	ed is a check fo	or the following amount:		
\$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	3.5	11 Add-sa	aa	

### 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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
SMCA 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:		
12875 SW 50th Street 12875 SW 50th St Miramar F1 32827 Miramar F1 3282	- <del>2</del> 7	
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 another business entity with an active Florida registration.)	dual or	
The name and the Florida street address of the registered agent are:	Z:5	2014
Umuseline Jacques	三指	<b>S</b>
Name		10
12060 magazine St.	#4 #2	
Florida street address (P.O. Box NOT acceptable)	五公	=
Orlando FL 37878 City Zip		胡 川: 24
City Zip	<b>⇒</b> 111	t-
Having been named as registered agent and to accept service of process for the above stated limited liabili the place designated in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete of my duties, and I am familiar with and accept the obligations of my position as registered agent as pro Chapter 6Q5, F.S	o act in th performa	is nce
Registered Agent's Signature (REQUIRED)		
represent a represent (read proof)		

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Christa M. Merolus 12875 SW BOST.	_
^ ~~	Miramar FL 33027	_
	12060 Magazine St.	_
	Orlando, FC 32828	<del>_</del>
<del></del>		_
	,	<del>-</del>
		<u> </u>
		<u> </u>
	filing: (OPTIONAL) ic and cannot be more than five business days prior to or	r 90 days a
CLE V: Effective date, if other than the date of f fective date is listed, the date must be specific		r 90 days a
CLE V: Effective date, if other than the date of factive date is listed, the date must be specific of filing.)		r 90 days 2
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CLE V: Effective date, if other than the date of fifective date is listed, the date must be specific of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member	ic and cannot be more than five business days prior to or	
CLE V: Effective date, if other than the date of ffective date is listed, the date must be specific of filing.)  CLE VI: Other provisions, if any.  Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document to penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State is provided for in s.817.155, F.S.)	
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ARTICLE IV-