1500054766

(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:
W15-182184



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03/02/15--01004--011 **125.00

2015 MAR 26 PM 5: 10

Office Use Only .

MAS 2.7 2015 D. BRUCE



March 27, 2015

Deborah Bruce PO Box 6327 Tallahassee, FL 32314

Dear Deborah,

Please accept this correspondence of consent to convert the previous entity, SMART Consulting Team, Inc. (previous Document Number: P15000001815) to SMART Consulting Team, LLC. The Reference Number for the new LLC is: W15000018284

As Owner/President of both entities I approve this conversion from an Incorporated status to an LLC.

Thank you for your immediate response to this matter.

Sincerely,

Nicole King
President/Owner

MAR 26 PM 5: 10



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2015

NICOLE KING 3134 SE ORANGE TREE PL STUART, FL 34997

SUBJECT: SMART CONSULTING TEAM, LLC

Ref. Number: W15000018284

We have received your document for SMART CONSULTING TEAM, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "L.C.". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

The document number of the name conflict is P15000001815.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 815A00005206

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SMART Consulting Team, 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:			
Nicole King	<u> </u>		
Name of Person			
SMART Consulting Team, LLC			
Firm/Company			
3134 SE Orange Tree PL			
Address			
Stuart / FL / 34997 City/State and Zip Code		2015	
smartconsulting14@gmail.com		MAR	
E-mail address: (to be used for future annual report notification)	38.83 38.83	₹26	-
For further information concerning this matter, please call:	VOIND'T JES	3	1
Nicole King at (772) 631-8496	SHA	<u>-</u> ći	1
Name of Person Area Code Daytime Telephone Number	:33» 433 t.d	0	
Enclosed is a check for the following amount:			
□ \$125.00 Filing Fee U\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &	ed)	

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:			
SMART Consulting Team, LLC			
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "L	LC.")	
ARTICLE II - Address:			
The mailing address and street address of the principal	al office of the Limited Liability Compa	ny is:	
Principal Office Address:	Mailing Address:		
3134 SE Orange Tree PL	3134 SE Orange Tree PL		
Stuart, FL 34997	Stuart, FL 34997		
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida registration.)	wn Registered Agent. You must designa	ate an individua	l or
The name and the Florida street address of the registe	red agent are:		70 TAR
Nicole King		255.طر 117 - ما ر	E
Na	me		1/2 Surren
3134 SE Orange Tree PL		22.4°	C) }
Florida street address (P.O. I	Box NOT acceptable)	77	3 [1]
Stuart	FL 34997	S-TAIL TORIBY	λi 🗀
City	Zip	캶똪	-
•	. Zip	2>-[-1	0

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 (REQUIRE)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Nicole King, AMBR	Nicole King 3134 SE Orange Tree PL
	Stuart, FL 34997
	,
(Use attachment if necessary)	
EV: Effective date, if other than the datective date is listed, the date must be	nte of filing: <u>2/25/15</u> , (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be if filing.) E VI: Other provisions, if any.	ate of filing: 2/25/15 (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the descrive date is listed, the date must be a filling.) E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the descrive date is listed, the date must be if filing.) E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 da

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)