

L15000094913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

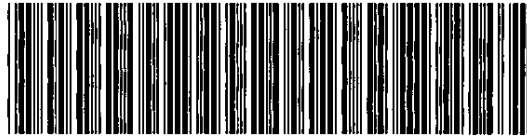
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 02 2015

Y SULKER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR 17 PM 1:56

FILED

~~W15-30071~~

4/29/15
V.S



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2015

SUZANNE M ANDREW
PO BOX 3929
ST PETERSBURG, FL 33744

SUBJECT: SMA ENTERPRISES LLC
Ref. Number: W15000030071

RECEIVED
15 MAY 18 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SMA ENTERPRISES 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 715A00008719

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SMA Enterprises
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:

Suzanne M Andrew
Name of Person

SMA Enterprises
Firm/Company

P.O. Box 3929
Address

St. Petersburg, FL 33744
City/State and Zip Code

Suzanne mandrew@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Andrew at (727) 641-6941
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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:

SMA Enterprises 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:

~~P.O. Box 3429~~
~~St. Petersburg, FL 33744~~
~~236 21st Ave. N~~
St. Petersburg, FL 33704

Mailing Address:

P.O. Box 3429
St. Petersburg, FL 33744

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:

Suzanne Andrew

Name

236 21st Ave N.

Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg FL 33704

City

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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Suzanne M. Andrew

236 21 Av N
St. Petersburg, FL 33704

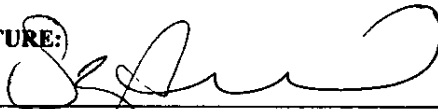
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4-15-2015 (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.)

Suzanne M. Andrew

Typed or printed name of signee

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR 17 PM 1:56

FILED