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COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	SMI ManagementLC		
SUBJECT		Limited Liabilit	y Company
The enclos	ed Articles of Organization and fee(s)	are submitted	for filing.
Please retu	rn all correspondence concerning this	matter to the fo	ollowing:
	LeonBatkilin		
		Name of I	Person
	SMI ManagementLC		
		Firm/Con	npany
	250S. FederaHWY #101		
		Addre	SS
	DaniaBeach,FL 33004		
	Leon.Batkilin@premiermhs.com	City/State and	Zip Code
•	E-mail address: (to be us	sed for future ar	nnual report notification)
For further in	nformation concerning this matter, ple	ease call:	
	Leon Batkilin	305	469-3276
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 F	ling Fee \$130.00 Filing Fee & Certificate of Status	LICertifie	O Filing Fee & \$160.00 Filing Fee, d Copy l copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314] [(Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

s: Address: D1 A A A A A A A A A A A A A A A A A A A
Address:
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n individual or
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

litle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager MGR	LeonBatkilin
widh	250S. FederaHWY #101
	DaniaBeachFL 33004
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	<u> </u>
V: Effective date, if other than tive date is listed, the date mus	the date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90 or
ctive date is listed, the date mus filing.)	t be specific and cannot be more than five business days prior to or 90 ces not meet the applicable statutory filing requirements, this date will not the term of State's records.
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