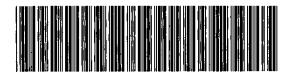
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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DIVISION OF CORPORATION

× 09/30/15

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Strategic Marketing, Corporate & Crisis Communications Solutions, International, LL-C
SUBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Daniel E. Adamus
	Name of Person
	SM3CSi
	Firm/Company
	4216 SE 8th Place
	Address
	Cape Coral, FL 33094
	City/State and Zip Code danadamus@earthlink.net
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Daniel Adamus 814 434-2235
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
] \$125.00	Filing Fee \$\ \text{Sit 30.00 Filing Fee & Certified Copy} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ \text{(additional copy is enclosed)} \end{additional copy is enclosed)}
	Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building.
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	ÆI-	Name:
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The name of the Limited Liability Company is:

Strategic Marketing, Corporate & Crisis Communications Solutions, International, 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:	
4216 SE 8th Place	4216 SE 8th Place	
Cape Coral, FL 33904	Cape Coral, FL 33904	

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:

Daniel Adamus		
	Name	
4216 SE 8th Place		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Cape Coral	FL	33904
City	State	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:	
"MGR" = Manager AMBR.		Daniel Adams 4216 SE 8th Place Cape Coral, Fl. 33904	
(Use attachment if neces	• *		(OPTIONAL)
(If an effective date is listed, the ethe date of filing.)	date must be specific and block does not meet the a	cannot be more than five busines pplicable statutory filing requirement	ss days prior to or 90 days after
ARTICLE VI: Other provisions, i	fany.		
REQUIRED SIGNATI	URE:		
This do	cument is executed in accurate that any false informat	an authorized representative of a ordance with section 605.0203 (1) tion submitted in a document to the s provided for in s.& 17.155, F.S.	(b), Florida Statutes.

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-

Page 2 of 2

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Daniel E. Adamus

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)