

L16000088949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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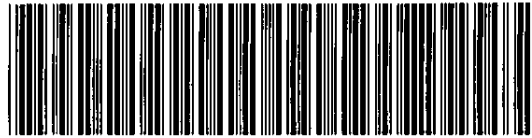
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
16 MAY 11 AM 9:31

16 MAY 11 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APPROVED  
AND  
FILED

VIT

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tameka Collins-Smith  
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:

Tameka Collins-Smith  
Name of Person

Tameka Collins-Smith Consulting  
Firm/Company

3539 Apalachee Parkway # 376  
Address

Tallahassee FL 32311  
City/State and Zip Code

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

For further information concerning this matter, please call:

Tameka Collins-Smith at (850) 322-3540  
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

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

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AND  
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**Articles of Organization  
FOR  
Florida Limited Liability Company**

16 MAY 11 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Article 1  
Name**

The name of the Limited Liability Company is:  
(Tameka) CollinsSmith, LLC

**Article II**

The principal office and mailing address of the Limited Liability Company is  
3539 Apalachee Parkway #376  
TALLAHASSEE, FLORIDA 32311

**Article III  
Purpose**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS

**Article IV  
Registered Agents**

The name and Florida Street address of the registered agents are:  
Tameka Collins-Smith  
3539 Apalachee Parkway #376  
TALLAHASSEE, FLORIDA 32311

Having been named as a registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the is 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 our position as registered agents.

Registered Agent Signature: Tameka Collins-Smith

A handwritten signature in black ink, appearing to read "Tameka Collins-Smith", with a large, stylized flourish at the end.

APPROVED  
AND  
FILED

### Article V

16 MAY 11 AM 9:42

The name and address of managing members/managers are:

Title: Managing Director

Tameka Collins-Smith

3539 Apalachee Parkway #376

TALLAHASSEE, FLORIDA 32311

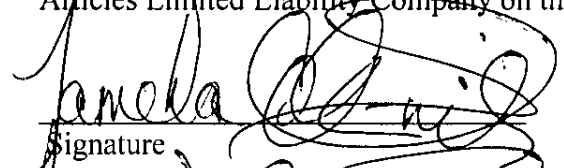
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### Article VI

#### Duration

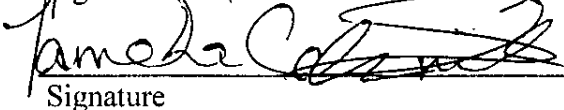
The document becomes effective on the date filed by the Florida Secretary of State. The period of Duration of this Limited Liability Company is perpetual.

The undersigned hereby declare under penalty of perjury that the statement made in the foregoing Articles For Limited Liability Company are true. Therefore, I execute the Articles Limited Liability Company on this the 11 day of May 2016.

  
Signature

Tameka Collins-Smith

Printed Name

  
Signature

Tameka Collins-Smith

Printed Name

Authorized member

.....  
Having been named as registered agent to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.