1/600194934

(Red	questor's Name)	
(Add	dress)	
(Add	lress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



100290103441

09/26/16--01027--009 **125.00

M. MOON OCT 2 0 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2016

ANNE R. SMITH 25965 PEBBLECREEK DRIVE BONITA SPRINGS, FL 34135

SUBJECT: ANNE SMITH INTERIORS, LLC.

Ref. Number: W16000067134

We have received your document for ANNE SMITH INTERIORS, 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) 245-6052.

Matthew T Moon
- Regulatory Specialist II

Letter Number: 216A00020999

16 00T 20 PH 6: 55

COVER LETTER

	egistration Section vision of Corporations		
SUBJECT	Anne Smil	th Intercopes, LLC	
_	Name o	of Limited Liability Company	
The enclose	ed Articles of Organization and fee	e(s) are submitted for filing.	
Please retur	n all correspondence concerning th	his matter to the following:	
	Anne D	2. Smoth	
,		Name of Person	
	Ane Sm	14 Interos, LC	
		Firm/Company	
	25965 Pabb	ecreek Drave	
		Address	
	Bonita C	Spires FL 34135	
	04 l 1 -	City/State and Zip Code	
-	F-mail address: (to be	e used for future annual report notification)	******
5 6 d :		•	
For furtner in	formation concerning this matter,	please call:	
	Are Swith	at (731) 293-9566	
•	Name of Person	Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$130.00 Filing Fee Certificate of State		us & sinclosed)
	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	CRETARY OF STATI

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Are Smith Messess LC. (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	Compa	iny is:
Principal Office Address: Ane South 25965 telephotoek 7 Bonita Sprince FL 3435	- 2H3 Je:10	<u>.</u> S
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signa (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are: Name Name Florida street address (P.O. Box NOT acceptable) City Zip		
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appreciate agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am fan accept the obligations of my position as registered agent as provided for in Chapt	pointme provisio niliar wi	ent as ens of all ith and
Registered Agent's Signature (REQUIRED) (CONTINUED) Page 1 of 2	16 0CT 20 PH 6:	SESACIVAZIONS

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Anne R. Smith 25965 Pebblooner Deve Bonita Springo, FL 34135
	S
	PH CE STA
	<u></u>
(Use attachment if necessary)	1
FICLE V: Effective date, if other than an effective date is listed, the date mur 90 days after the date of filing.) If the date inserted in this block does not me	eet the applicable statutory filing requirements, this date will not be listed as
TICLE V: Effective date, if other than an effective date is listed, the date must 90 days after the date of filing.) E: If the date inserted in this block does not meant's effective date on the Department of States.	ust be specific and cannot be more than five business days put
TICLE V: Effective date, if other than an effective date is listed, the date must be 90 days after the date of filing.) E: If the date inserted in this block does not meant's effective date on the Department of States.	ust be specific and cannot be more than five business days put
FICLE V: Effective date, if other than an effective date is listed, the date mur 90 days after the date of filing.) E: If the date inserted in this block does not mement's effective date on the Department of States.	ust be specific and cannot be more than five business days put
TICLE V: Effective date, if other than an effective date is listed, the date must 90 days after the date of filing.) E: If the date inserted in this block does not me iment's effective date on the Department of State TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed if a may aware that any false information in the state of the	ust be specific and cannot be more than five business days pre- eet the applicable statutory filing requirements, this date will not be listed as
TICLE V: Effective date, if other than an effective date is listed, the date must be so days after the date of filing.) E: If the date inserted in this block does not meat ument's effective date on the Department of State of St	eet the applicable statutory filing requirements, this date will not be listed as ate's records. There or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State

Page 2 of 2

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

ARTICLE IV-