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To:

Division of Corporations

Fax Number : (850) 617-6381

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107

Fax Number

Phone : (941) 625-1925 : (941)625-1526

##Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

FLORIDA LIMITED LIABILITY CO. Smooth Moving Crew LLC

Certificate of Status 0 Certified Copy Page Count 03 \$125.00 Estimated Charge

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Help

M. MOON , DEC 0 2 2016

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIA BILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:		
Smooth Maying Cr	ew_LLC		
(Must end	d with the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal c	office of the Limited	d Liability Company is.
<u>Princi</u>	oal Office Address:		Mailing Address:
4526 Hamlets Grov	e Dr	452	26 Hamlets Grove Dr
Sarasota, FL 34235	-3423	Sar	asota, FL 34235-3423
ARTICLE III - Registered Ap (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration	Registered Agent. on.)	ent's Signature: You must designate an individual or
	t ravis Masi	Name	
		Name	
	4526 Hamlets Grove	Dr	
	Florida street addres	s (P.O. Box <u>NOT</u> a	acceptable)
	Sarasota	FL	34235-3423

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.

State

Zip

City

(CONTINUED)

Page 1 of 2

MBR	**MGR" = Manager AMBR Travis Masi 4526 Hamlets Grove Dr Sarasota, FL 34235-3423 **AMBR** Dustin Rhoads 8959 39th Street Cir E Parrish, FL 34219-2214 (Use attachment if necessary) E. V.: Effective date, if other than the date of filing: (COPTIONAL) active date is listed, the date must be specific and cunnot be more than five business days prior to or 90 of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. E. VI: Other provisions, if any.		Name and Address:
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