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LAZARUS

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## Florida Department of State

### Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
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### FLORIDA LIMITED LIABILITY CO. SMOOTH J ENTERTAINMENT INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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APR 06 2017

Electronic Filing Menu

Corporate Filing Menu

Help

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Smooth J Entertainment INC of Doc # PII 000046911 are the same owners of the attached articles of Corporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

Jimmy News

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

Smooth J Entertainment LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

116 NW 9th Ter  
APT 407  
Hallandale Beach FL 33009

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

Jimmy MEUS  
116 NW 9th Ter  
APT 407  
Hallandale Beach FL 33009

**ARTICLE IV-**

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

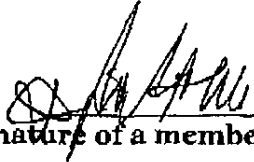
Jimmy MEUS (AMBR)

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HALLANDALE BEACH, FL

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**Required Signatures:**



**Signature of a member or an authorized representative of a member.**


In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jimmy MEUS

**Typed or printed name of signee**

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)**

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