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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

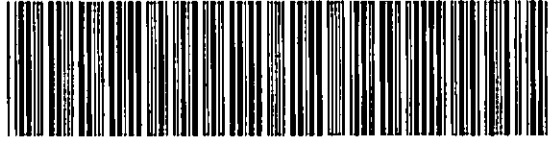
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MILWAUKEE, WI

T COLLINS

APR 20 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TeenSMACK, LLC
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:

Jeffrey L. Walters, Esq.
Name of Person

Clemens, Walters, Conlon, Runde & Hiatt, L.L.P.
Firm/Company

2080 Southpark Court
Address

Dubuque, IA 52003
City/State and Zip Code

jwalters@cwmlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey L. Walters at (563) 582-2926
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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CLEMENS, WALTERS, CONLON, RUNDE & HIATT, L.L.P.
Attorneys at Law

JEFFREY L. WALTERS • JENNIFERA CLEMENS-CONLON • NATHAN D. RUNDE • JEFFREY E. HIATT • MYIA E. STEINES • TARYN R. MCCARTHY

DAVID I. CLEMENS - (RETIRED)

2080 SOUTH PARK COURT, DUBUQUE IOWA 52003 • PHONE: (563) 582-2926 • FAX: (563) 582-2998

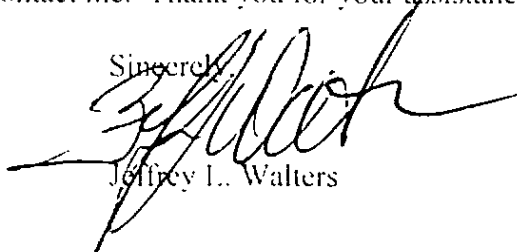
April 16, 2018

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

Dear Ladies & Gentlemen:

Enclosed are the Articles of Incorporation for TeenSMACK, LLC along with payment of filing fees in the amount of \$160.00. Please file these Articles accordingly. If you have any questions, please do not hesitate to contact me. Thank you for your assistance in this matter.

Sincerely,



Jeffrey L. Walters

JLW/eas
Enclosure

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TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

Your bridge to a better future

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TeenSMACK, LLC

(Must contain 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:

4507 Furling Lane, Ste. 106
Destin, FL 32541

Mailing Address:

4507 Furling Lane, Ste. 106
Destin, FL 32541

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:

Kimberly K. Nacchia

Name

4507 Furling Lane, Suite 106

Florida street address (P.O. Box **NOT** acceptable)

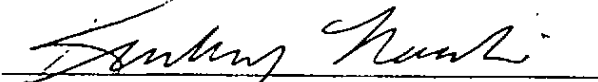
Destin, FL 32541

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Kimberly K. Nacchia
4507 Furling Lane, Suite 106
Destin, FL 32541

(Use attachment if necessary)

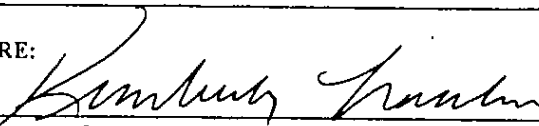
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Kimberly K. Nacchia
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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