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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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RECEIVED  
18 NOV 28 AM 10:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**FLORIDA LIMITED LIABILITY CO.  
SM DESIGN & DISTRIBUTOR LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing Menu

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NOV 28 2018

**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")

SM design & distributor LLC

**ARTICLE II - Address:**

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

15219 SW 23 LANE MIAMI FL 33185

**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.)

Ivo A. DOVALE

15219 SW 23 LANE

MIAMI FL 33185

**ARTICLE IV-**

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

Ivo A. DOVALE

(AMBR)

11/28/2018 16:06  
18 NOV 28 AM 10:00  
LAZARUS CORPORATE

**Required Signatures:**

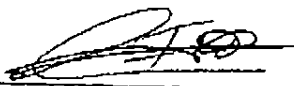
Signature of a member or an authorized representative of a member.

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.

IVO A. DOVALE

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)

11-28-18  
18 NOV 28 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399