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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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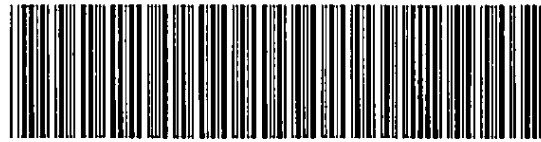
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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FEB 21 2019

SMITH LAW FIRM, LLC
ATTORNEYS AND COUNSELORS AT LAW

B. LARRY SMITH, P.A.
"SNUFFY"

322 EAST PARK AVENUE
CHIEFLAND, FLORIDA 32626

B. SHANNON SMITH, P.A.
"SHANNON"

OFFICE (352) 490-5353
FACSIMILE (352) 490-5337

February 11, 2019

FEDERAL EXPRESS

New Filing Section
Division of Corporations
2661 Executive Center Circle
Tallahassee FL 32301

Re: New Filing: SCCJ, LLC
_____ /

To Division of Corporations.

Regarding the above matter, please find enclosed a fully completed cover letter and Articles of Organization for SCCJ, LLC along with check no. 1258 in the amount of \$130.00 payable to the Florida Department of State for the filing and certificate of status fees.

Upon receipt of this information, please form the llc and forward the documents to the address noted on the enclosed cover letter.

We thank you for your time and consideration, and if we can be of further assistance please do not hesitate to contact our office.

Sincerely,



B. SHANNON SMITH
BSS/dmi
Encs.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SCCJ, 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:

B. Shannon Smith
Name of Person

Smith Law Firm, LLC
Firm/Company

322 East Park Ave.
Address

Chiefland, FL 32626
City/State and Zip Code

shannon@smithlawfirm.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Smith at (352) 490-5353
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S C C J, L L C

(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:

322 East Park Ave.
Chiefland, FL 32626

Mailing Address:

322 East Park Ave.
Chiefland, FL 32626

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:

B. Shannon Smith
Name

322 East Park Ave.
Florida street address (P.O. Box **NOT** acceptable)
Chiefland FL 32626
City State Zip

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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)

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:

B. Shannon Smith
322 East Park Ave.
Chiefland, FL 32626

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TALLAHASSEE

(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.

B. Shannon Smith

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)