12020-01-07 11:13:31 CST 1954240845 From: Ranae McGraw

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 Please kee

12/30/2019.

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

Email	Address:	

FLORIDA LIMITED LIABILITY CO.

Alton Smith Consulting, LLC

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

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alton Smith Consulting, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE R - Address:

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

Principal Office Address:

Mailing Address:

45 Neiba Court	45 Neiba Court
Fort Mevers, Florida 33912	Fort Mevers, Florida 33912

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:

	Name	
45 Neiba Court		

Fort Mevers	Florida	33912	
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. Thereby 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	Alton L Smith, Jr. 45 Neiba Court Fort Meyer, Florida 33912 ALLA ASSE
(Use attachment if necessary)	PM 12: 36
(If an effective date is listed, the date must the date of filing.)	e date of filing:
This document is o	Ta member or an authorized representative of a member. executed in accordance with section 605,0203 (1) (b), Florida Statutes, or false information submitted in a document to the Department of State degree felony as provided for in \$.817.155, F.S.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)