

L20000041096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

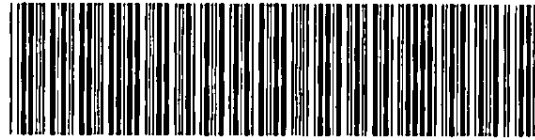
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400338953724

01/23/2020 09:22:01 \*\*160.00

20 Jan 21 2020

J DENNIS  
FEB 12 2020

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Smith's Cabinets and More, 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:

Richard L. Smith  
Name of Person  
Smith's Cabinets and More, LLC  
Firm/Company

4715 SW 86 Street  
Address

Lake Butler, FL 32054  
City/State and Zip Code

Richard.smith4715@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard L. Smith at ( 386 ) 867-1140  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Owner (mgr)

**Name and Address:**

Richard L. Smith  
4715 SW 86 Street  
Lake Butler, FL 32054

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/15/2020 (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:**

Richard Smith

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.

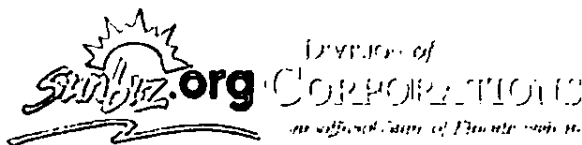
Richard L. Smith  
Typed or printed name of signee

**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)



[Department of State](#) / [Division of Corporations](#) / [Start a Business](#) / [Start E-filing](#) / [Florida Limited Liability Company Filing](#) /

## Florida Limited Liability Company Filing

### Filing Information

If an effective date is required for this filing, enter here 01/15/2020 (MM/DD/YYYY) What is an effective date?

Required Filing Fees: \$125.00

Certificate of Status ☒ \$5.00 (Optional) What is a certificate of status?

Certified Copy ☒ \$30.00 (Optional) What is a certified copy?

Limited Liability Company Name Smith's Cabinets and More, LLC  
(Name must end with "Limited Liability Company", "LLC" or "LLC")

### Principal Place of Business (The principal address must be a street address)

Address 4715 SW 86 Street  
Suite, Apt. #, etc.   
City, State Lake Butler FL  
Zip Code & Country 32054 USA

### Mailing Address

If your limited liability company mailing address is the same as the principal address above, please check the box below. Otherwise, enter your limited liability company mailing address.

☒ Mailing address same as principal address

Address   
Suite, Apt. #, etc.   
City, State    
Zip Code & Country

### Name And Address of Registered Agent What is a registered agent?

Name Smith Richard L.   
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business to serve as RA  (Must be different from entity name being filed)

Address 4715 SW 86 Street (PO Box not acceptable)  
Suite, Apt. #, etc.   
City, State Lake Butler FL  
Zip Code & Country 32054 US

City, State	<input type="text"/>			
Zip Code & Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title	<input type="text"/> (MGR, AMBR, AP or other designated title(s))			
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name	First Name	Initial	Title (Sr., Jr., etc.)
<b>- OR -</b>				
Entity Name to serve as MGR, AMBR, AP or other designated title(s)	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Zip Code & Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title	<input type="text"/> (MGR, AMBR, AP or other designated title(s))			
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name	First Name	Initial	Title (Sr., Jr., etc.)
<b>- OR -</b>				
Entity Name to serve as MGR, AMBR, AP or other designated title(s)	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Zip Code & Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title	<input type="text"/> (MGR, AMBR, AP or other designated title(s))			
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name	First Name	Initial	Title (Sr., Jr., etc.)
<b>- OR -</b>				
Entity Name to serve as MGR, AMBR, AP or other designated title(s)	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Zip Code & Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title	<input type="text"/> (MGR, AMBR, AP or other designated title(s))			
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name	First Name	Initial	Title (Sr., Jr., etc.)
<b>- OR -</b>				
Entity Name to serve as MGR, AMBR, AP or other designated title(s)	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Zip Code & Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title	<input type="text"/> (MGR, AMBR, AP or other designated title(s))			
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name	First Name	Initial	Title (Sr., Jr., etc.)
<b>- OR -</b>				
Entity Name to serve as MGR, AMBR, AP or other designated title(s)	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Zip Code & Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	

20 Jun 21