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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

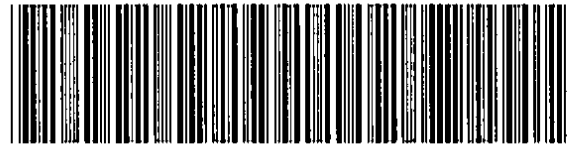
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SECRETARY OF STATE
TALLAHASSEE, FL

2020 MAR -6 PM 5:09

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COVER LETTER

TO: New Filing Section
Division of Corporations

SMG Services, LLC

SUBJECT: _____
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:

Emile Sanon

Name of Person

Galaxy Funding

Firm/Company

3255 NW 94th Ave, Ste 8171

Address

Coral Springs, FL 33065

City/State and Zip Code
facilemails.com@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emile Sanon 845 270-4061

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Peggy Kerr
Galaxy Funding
3255 NW 94th Ave, Ste 8171
Coral Springs, FL 33065

March 2, 2020

New Filing Section Division
The Center of Tallahassee
2415 N Monroe Street, Suite 810
Tallahassee, FL 32303

Re: LLC Registration

Dear Sir or Madam:

Attached are an application and a check for the applicable fees to register the company, SMG Services, LLC. We are releasing the name for this new filing, as we do not intend to reinstate Document # L16000016838.

Sincerely,

A handwritten signature in black ink, appearing to read "Peggy", followed by a horizontal line extending to the right.

Peggy Kerr

Attachments (2 - Articles of Organization Application & Check for Filing Fees)

cc: Emile Sanon

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SMG Services, 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:

3255 NW 94th Ave

Ste 8171

Coral Springs FL 33065

Mailing Address:

3255 NW 94th Ave

Ste 8171

Coral Springs FL 33065

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:

Emile Sanon

Name

5064 NW 84th Rd

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

Coral Spring

FL

33067

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:

Emile Sanon

3255 NW 94th Ave, Ste 8171, Coral Springs FL 33065

AMBR

Peggy Kerr

3255 NW 94th Ave, Ste 8171, Coral Springs FL 33065

(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.

Emile Sanon

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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TALLAHASSEE, FL