

L20000103964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

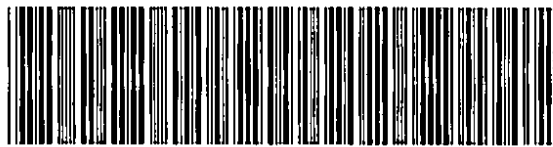
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300342758723

04/15/2020 10:00:00 AM ***130.00

2020 APR 15 PM 5:00

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Smart Senior Guide, 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:

David M. Platt
Name of Person
David M. Platt, P.A.
Firm/Company
2427 Penwinkle Way, Ste. 11
Address
Sanibel, Florida 33957
City/State and Zip Code
david.platt@sancaplaw.com
E-mail address: (to be used for future annual report notification)

FILED

2020 APR 15 PM 5:00

For further information concerning this matter, please call:

David M. Platt 239 472-5400
Name of Person at () 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FAX AUDIT NO.:

**ARTICLES OF ORGANIZATION
OF
SMART SENIOR GUIDE, LLC**

ARTICLE I

NAME

The name of the limited liability company shall be Smart Senior Guide, LLC (the "Company").

ARTICLE II

MAILING AND STREET ADDRESS

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

15145 Palmer Lake Circle
Unit 201
Naples, Florida 34109

ARTICLE III

EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV

INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

Name

Address

Jeffrey G. Cory

15145 Palmer Lake Circle
Unit 201
Naples, Florida 34109

FILED
2020 APR 15 PM 5:00
CLERK OF COURT
CLERK OF COURT

FAX AUDIT NO.:

FAX AUDIT NO.:

ARTICLE V

PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VI

MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the names and address of the initial Managers, who shall serve as Managers of the Company until their successor is elected and qualified:

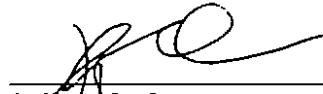
<u>Name</u>	<u>Address</u>
Jeffrey G. Cory	15145 Palmer Lake Circle Naples, Florida 34109
Hina Sanghvi Cory	15145 Palmer Lake Circle Naples, Florida 34109

ARTICLE VII

OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 6th day of April, 2020



Jeffrey G. Cory
Authorized Representative

FAX AUDIT NO.:

FAX AUDIT NO.:

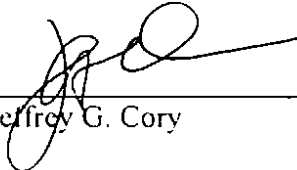
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Smart Senior Guide, LLC.
2. The name and address of the registered agent and office is:

Jeffrey G. Cory
15145 Palmer Lake Circle
Naples, Florida 34109

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, Florida Statutes.



Jeffrey G. Cory

FAX AUDIT NO.: