

L20000 121415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

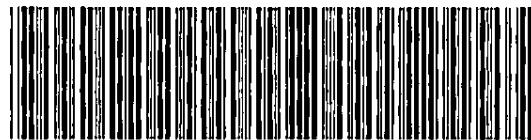
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/17/19--01011--010 ++125.00

J DENNIS  
MAY 08 2020

awaiting email

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ~~For Such A Time As This LLC~~ IT'S NOT ROCKET SCIENCE 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:

James R. Smith

IT'S NOT ROCKET SCIENCE LLC Name of Person  
~~For Such A Time As This LLC~~

Firm/Company

505 Chipper Drive

Address

Sun City Center, FL 33573

City/State and Zip Code

jake.smith7@gmx.com

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

Cheryl A ever Young@gmail.com

For further information concerning this matter, please call:

James R. Smith

706

877-2648

at ( )

Name of Person

Area Code

Daytime Telephone Number

Cheryl A Smith

706 910-7336

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

*Pls send  
to both emails*

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

It's Not Rocket Science LLC

(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:**

**Mailing Address:**

505 Chipper Dr.

505 Chipper Dr.

Sun City Center, Florida 33573

Sun City Center, Florida 33573

**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:

James Randolph Smith

Name

505 Chipper Dr.

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

Sun City Center

Florida

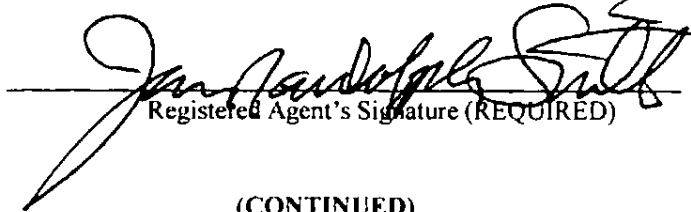
33573

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)

"AMBR" = Authorized Member

"MGR" = Manager

Manager

James Randolph Smith  
505 Chipper Dr.  
Sun City Center, Florida 33573

Authorized Member

Cheryl Lynch Smith  
505 Chipper Dr.  
Sun City Center, Florida

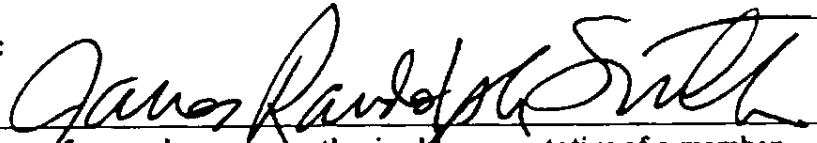
(Use attachment if necessary)

**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.

James Randolph 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)