# 120000392101

(Requestor's Name)
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D O'KEEFE
DEC 21 2020

W2-132377



# FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2020

RONALD EUGENE SMITH SMITH'S HOMEMADE LLC 4120 BRANDEIS AVE ORLANDO, FL 32839

SUBJECT: SMITH'S HOMEMADE LLC

Ref. Number: W20000132377

We have received your document for SMITH'S HOMEMADE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document title has been cut off.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 020A00023207

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## COVER LETTER

	ng Section of Corporations
	TH'S HOMEMADE LLC
SUBJECT:	
	Name of Limited Liability Company
The enclosed Artic	cles of Organization and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
RONA	ALD EUGENE SMITH
	Name of Person
SMIT	H'S HOMEMADE LLC
	Firm/Company
41201	BRANDEIS AVE
	Address
ORLA	ANDO, FL 32839
INTO 6	City/State and Zip Code
INTO	E-mail address: (to be used for future annual report notification)
Car farth a informat	tion concerning this matter, please call:
	ALD EUGENE SMITH 417 559-5906
KONA	at (
******	Name of Person Area Code Daytime Telephone Number
Enclosed is a chee	ck for the following amount:
3125.00 Filing Fe	e \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee.
	Certificate of Status Certified Copy (additional copy is enclosed) 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

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

SMITH'S HOM (Mu	st contain the words "Limited I.	iability Company,	"L.L.C.," or "LLC.")		
RTICLE II - Address: ne mailing address and s	treet address of the principal of	lice of the Limited	Liability Company is:		
2	rincipal Office Address:		Mailing Address:		
4120 BRANDE	IS AVE	4120	BRANDEIS AVE		
ORLANDO, FL 32839		<del></del>	ORLANDO, FL 32839		
ORLANDO, FI  RTICLE III - Register he Limited Liability Co other business entity w	ed Agent, Registered Office, &	& Registered Ager Registered Agent. '			
ORLANDO, FI  RTICLE III - Register The Limited Liability Co- nother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own ith an active Florida registration street address of the registered	& Registered Ager Registered Agent. '	nt's Signature:		
ORLANDO, FI  ARTICLE III - Register The Limited Liability Conother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own ith an active Florida registration	& Registered Ager Registered Agent. '	nt's Signature:		
ORLANDO, FI  ARTICLE III - Register The Limited Liability Conother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own ith an active Florida registration street address of the registered	& Registered Ager Registered Agent. ' a.) agent are:	nt's Signature:		
ORLANDO, FI  ARTICLE III - Register The Limited Liability Conother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own ith an active Florida registration street address of the registered RONALD EUGENE SM	& Registered Ager Registered Agent. ' agent are: ATTH Name	nt's Signature: You must designate an individual or		
ORLANDO, FI  ARTICLE III - Register The Limited Liability Conother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own ith an active Florida registration street address of the registered RONALD EUGENE SM 4120 BRANDEIS AVE	& Registered Ager Registered Agent. ' agent are: ATTH Name	nt's Signature: You must designate an individual or		

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR RONALD EUGENE SMITH 4120 BRANDEIS AVE ORLANDO, FL 32839 AMBR KARA ELLEN SMITH 4120 BRANDEIS AVE ORLANDO, FL 32839

(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: OU	ner provisions, if an	Ŋ.		
			 	 <del> </del>
				 <del></del>

### 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.

> RONALD EUGENE 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)