below) on the top and bottom of all pages of the document.

(((H21000118775 3)))



H210001187753ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

: (323)962-3889 Fax Number

Enter the email address for this business entity to be used for future: " annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Smart Irrigation Company LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Smart I	rigation Company LLC	
	(Must conatin the words "Limited Liability Cor	npany, "L.L.C.," or "LLC.")
TCLE II - Admailing addres	s and street address of the principal office of the l	
	Principal Office Address:	Mailing Address:
	ntewood Ave	
Minneo	la, Florida 34715	·

The name and the Florida street address of the registered agent are:

United States Corpo	ration Agents, Inc.	
	מולה	
5575 S Semoran Bly	vd. Suite 36	
Florida street addre	ss (P.O. Box <u>NOT</u> acc	ceptable)
Orlando	Florida	32822
Gv	State	

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. Thereby accept the appointment as registered agent and agree to act in its 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 Captr 605, FS

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Michael George Kaşunick
· · · · · · · · · · · · · · · · · · ·	1245 Gatewood Ave
	Minneola, Florida 34715
MGR	Gina Marie Kasunick
	1245 Gatewood Ave
	Minneola, Florida 34715
	
fective date is listed, the date mu	the date of filing (OPTIONAL) st be specific and cannot be more than five business days prior to or 90
.EV: Effective date, if other than fective date is listed, the date mu of filing.)	ist be specific and cannot be more than five business days prior to or 90 oes not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than fective date is listed, the date mu of filing.) If the date inserted in this block doment's effective date on the Dep	ist be specific and cannot be more than five business days prior to or 90 oes not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than fective date is listed, the date mu of filing.) If the date inserted in this block doment's effective date on the Dep	ist be specific and cannot be more than five business days prior to or 90 oes not meet the applicable statutory filing requirements, this date will not
.EV: Effective date, if other than fective date is listed, the date mu of filing.) If the date inserted in this block doment's effective date on the Dep .EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document 1 am aware that	est be specific and cannot be more than five business days prior to or 90 pes not meet the applicable statutory filing requirements, this date will not artment of State's records.
LEV: Effective date, if other than fective date is listed, the date mu of filing.) If the date inserted in this block doment's effective date on the Dep LEVI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that constitutes a thin	est be specific and cannot be more than five business days prior to or 90 person of meet the applicable statutory filing requirements, this date will not artment of State's records. For a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
LEV: Effective date, if other than fective date is listed, the date mu of filing.) If the date inserted in this block doment's effective date on the Dep LEVI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that constitutes a thin	est be specific and cannot be more than five business days prior to or 90 persons the applicable statutory filing requirements, this date will not artment of State's records. For a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State.
EV: Effective date, if other than fective date is listed, the date mu of filing.) If the date inserted in this block doment's effective date on the Dep. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that constitutes a thin	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.