

L21000182613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

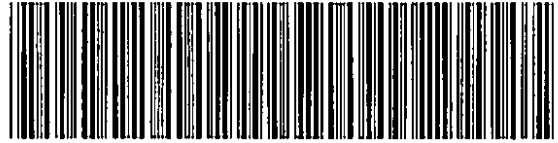
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900362887529

03/30/21--01005--021 **160.00

2021 MAR 29 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2

T. BURCH
APR 28 2021

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Smith and Dietz, 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:

John Tyler Smith

Name of Person

Smith and Dietz, LLC

Firm/Company

120 Providence Trail #4305

Address

Mt. Juliet, TN 37122

City/State and Zip Code

johntylersmith89@gmail.com

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

For further information concerning this matter, please call:

John Tyler Smith 205 515-7161
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Smith and Dietz, 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:Smith and Dietz, LLC816 Arrow StreetPanama City, FL 32404**Mailing Address:**Smith and Dietz, LLC120 Providence Trail #4305Mt. Juliet, TN 37122**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:

Steven Poole

Name

816 Arrow StreetFlorida street address (P.O. Box **NOT** acceptable)Panama CityFL32404

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.

DocuSigned by:

Steven Poole3/19/2021

B7586E17136B49C

Registered Agent's Signature (REQUIRED)

(CONTINUED)

RECEIVED
MAR 29 11:49
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:AMBR
John Tyler Smith
120 Providence Trail #4305
Mt. Juliet, TN 37122
AMBR
Frederick William Dietz
18172 S. Section Street #4702
Fairhope, AL 36532
MGR
John Tyler Smith
120 Providence Trail #4305
Mt. Juliet, TN 37122
MGR
Frederick William Dietz
18172 S. Section Street Apt 4702
Fairhope, AL 36532

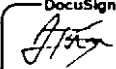
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 23, 2021 (OPTIONAL)

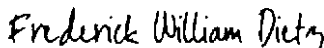
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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:**

DocuSigned by:



DocuSigned by:



3/19/2021

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.

John Tyler Smith

Frederick William Dietz

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)