

L21000182613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

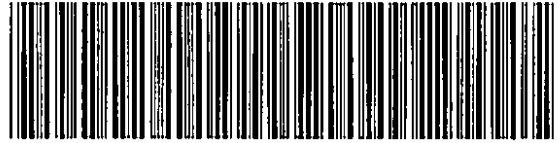
(Business Entity Name)

(Document Number)

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

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Office Use Only



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

FILED



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  
Name of Person      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

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:

Mailing Address:

Smith and Dietz, LLC

816 Arrow Street

Panama City, FL 32404

Smith and Dietz, LLC

120 Providence Trail #4305

Mt. 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 Street

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

Panama City

FL

32404

City

State

Zip

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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ED

*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 Poole

3/19/2021

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

<u>AMBR</u>	John Tyler Smith 120 Providence Trail #4305 Mt. Juliet, TN 37122
<u>AMBR</u>	Frederick William Dietz 18172 S. Section Street #4702 Fairhope, AL 36532
<u>MGR</u>	John Tyler Smith 120 Providence Trail #4305 Mt. Juliet, TN 37122
<u>MGR</u>	Frederick William Dietz 18172 S. Section Street Apt 4702 Fairhope, AL 36532

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SECTION 605.0203  
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

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


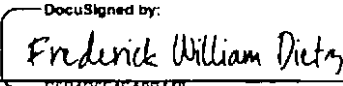
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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

7BC0F6D31500482... C6B4D6F4EA98448...

**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:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)