

L210000183935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

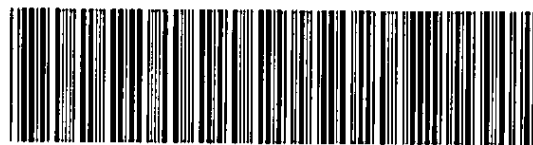
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FL

W2100034890

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name:

Company Name: FLORIDA SMK CONSULTING, LLC

Address: 2033 HARTLEBURY WAY

City, State, Zip Code: SUN CITY CENTER, FL 33573

Email Address: hwgrater@gmail.com

For further information concerning this matter, please call:

Name: HOWARD W GRATER

Telephone No: 407-342-9585

A check for the following amount: \$125.00 has already been sent.

Mailing Address: Registration Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32301

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME: FLORIDA SMK CONSULTING, LLC

ARTICLE II- ADDRESS: 2033 HARTLEBURY WAY
SUN CITY CENTER, FL 33573

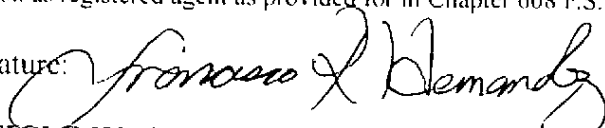
ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

Name: FRANCISCO R HERNANDEZ

Address: 19107 MARISA VINE, TAMPA, FL 33647

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 608 F.S.

Signature:



ARTICLE IV - Manager(s)MGR or Managing Member(s)MGRM:

Title:

MGR

Name & Address:

HOWARD W GRATER
2033 HARTLEBURY WAY
SUN CITY CENTER, FL 33573

ARTICLE V: Effective Date, if other than the date of filing: MAY 1, 2021

REQUIRED SIGNATURE:



In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee: HOWARD W GRATER

Filing Fees:

\$125.00 Filing Fee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (optional)

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STATE
DEPARTMENT OF
FLORIDA

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