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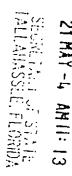
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COVER LETTER

	lew Filing Section livision of Corporations	
SUBJECT:	r: SMART SYSTEMS L	LC.
SOBJECT.	Name of Limited Liability Compa	ny
The enclosed	sed Articles of Organization and fee(s) are submitted for filing.	
Please return	irn all correspondence concerning this matter to the following:	
	Peter Michalik Name of Person	
_	Name of Person	
-	Firm/Company	
	508 Lindell Blud. Address	
-	Address	
_	Delray Bch, FL 334 City/State and Zip Cod Pevam @hofmail.com	44
	City/State and Zip Cod	e M
_	E-mail address: (to be used for future annual repo	
For further int	information concerning this matter, please call:	
_	Peter Michalik al (954) 50	70-0502
	Name of Person Area Code Daytin	ne Telephone Number
Enclosed is	s a check for the following amount:	
□\$125.00 I	O Filing Fee \$\bigcup \square \\$130.00 \text{ Filing Fee & }\bigcup \\$155.00 \text{ Filing Fee & }\bigcup \\$155.00 \text{ Filing Certified Copy }\\ \text{(additional copy is }\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/ Certificate of Status &
	Mailing Address Street Ad	ddress g Section Division
	Division of Corporations The Centr	re of Tallahassee
	P.O. Box 6327 2415 N. M	Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
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The name of the Limited Liability Company is:

SMART SYSTEMS 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:
508 Lindell Blud	Smars Systems LLC.
Delray Bich, FC 33444	508 Lindell Blvd.
	Delcay Bih, FL, 33444

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:

Peter	Michal	'k
	Name	
508 Lina	ell BIVE	1
Florida street address	P.O. Box <u>NOT</u> a	cceptable)
Delray Bch	FL	33444
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

21 HAY -4 AM II: 13

ARTICLE IV-

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

Jse attachment if necessary) V: Effective date, if other than the date of filing:	Title:	
Jes attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 continued in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records. VI: Other provisions, if any. EEOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605, 9203 (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. Petrology of the provision of Registered Agent State Constitutes and Designation of Registered Agent State Constitutes and	"AMBR" = Authorized Member "MGR" = Manager	
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