

# L21000 265688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

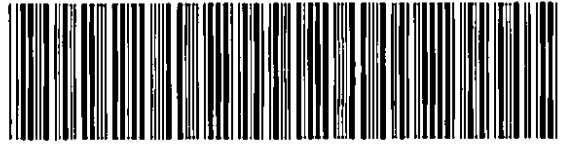
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Smith Solutions of Florida  
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:

Jeron Johnson  
Name of Person

Mjenz Consulting  
Firm/Company

1028 E Park Ave  
Address

Tallahassee FL 32301  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_ 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 checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION**  
**OF**  
**SMITH SOLUTIONS OF FLORIDA, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 605, hereby make, acknowledge, and file the following Articles of Incorporation.

**Article I**

The name of the limited liability company shall be SMITH SECURITY SOLUTIONS OF FLORIDA, LLC ("Company").

**Article II**

The period of duration of the corporation is perpetual.

**Article III**

The street address of the principal office of the company shall be 1619 Corie Wood Circle Tallahassee Fl 32304 and the mailing address of the company shall be 1619 Corie Wood Circle Tallahassee Fl 32304.

**Article IV**

The purpose of the company is to engage in ANY AND ALL LAWFUL BUSINESS permitted under the laws of the United States and Florida.

**Article V**

The name and street address of the registered agent and incorporator shall be Lawrence Smith, 1619 Corie Wood Circle Tallahassee Fl 32304.

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**Article VI**  
**Management**

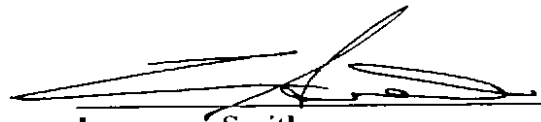
The company shall be managed by the members in accordance with the Operating Agreement adopted by the members for the management of the business and affairs of the company. This agreement may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these Articles of Organization. The name and address of the members of the company is:

1. Lawrence Smith, CEO, 1619 Corie Wood Circle Tallahassee Fl 32304.

**Article VII**

There shall be no cumulative voting.

The undersigned have executed this Articles of Organization this 25<sup>th</sup> day of May, 2021.

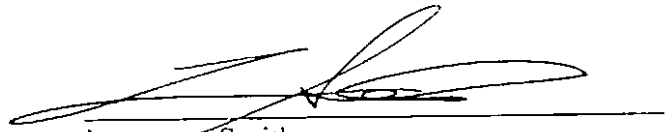
  
\_\_\_\_\_  
**Lawrence Smith**  
1619 Corie Wood Circle  
Tallahassee Fl 32304

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TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING REGISTERED AGENT AND PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, AND  
ACCEPTANCE OF AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Sections 48.091 and 605 of the Florida Statutes, the following is submitted: SMITH SOLUTIONS OF FLORIDA, LLC, desiring to organize or qualify under the laws of the State of Florida, has named Lawrence Smith, as its agent to accept service of process within the Florida.

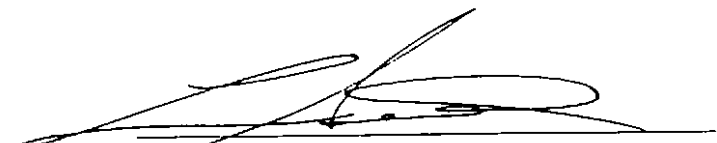
Dated this 25<sup>th</sup> day of May, 2021.



Lawrence Smith  
Registered Agent

Having been named to accept service of process for the above stated company, at the place designated, I Hereby agree to act in this capacity, and further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Dated this 25<sup>th</sup> day of May, 2021.



Lawrence Smith  
Registered Agent

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