

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : HENDEE MCKERNAN SCHROEDER WILKERSON & HENDEE PA  
Account Number : I19980000066  
Phone : (813)258-1177  
Fax Number : (813)259-1106

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: handwreality.com

**FLORIDA LIMITED LIABILITY CO.  
SMDMM, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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**ARTICLES OF ORGANIZATION OF  
SMDMM, LLC**

ARTICLE I-Name

The name of the limited liability company shall be SMDMM, LLC.

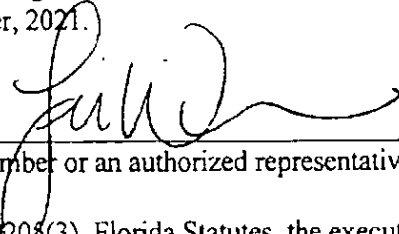
ARTICLE II-Address

The street address of the principal office of the limited liability company is: 217 S. Cedar Avenue, Tampa, Florida 33606. The mailing address of the principal office of the limited liability company is: 217 S. Cedar Avenue, Tampa, Florida 33606.

ARTICLE III-Registered Agent

The name and the Florida street address for the registered agent of the limited liability company is: Lisa H. Wilkerson, Esquire, 1700 South MacDill Avenue, Suite 200, Tampa, Florida 33606.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 1st day of December, 2021.

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with Section 605.0205(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

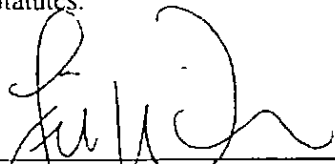
Lisa H. Wilkerson  
Typed or printed name of signee

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ACCEPTANCE OF DESIGNATION

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the duties, and the undersigned is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.

  
\_\_\_\_\_  
Lisa H. Winkerson, Esquire  
1700 S MacDill Ave, STE 200  
Tampa, FL 33629

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