

L23000014106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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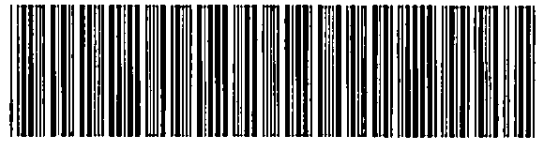
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/22--01015--020 **160.00

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CLERK

ED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2022

KAITLYN SARCONA
6355 TOULON DRIVE
BOCA RATON, FL 33433

SUBJECT: KMS CONSULTING LLC
Ref. Number: W22000125006

We have received your document for and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L22000104199.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 922A00021985

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SMITHSONIAN COMPANY LLC
Must contain the words "Limited Liability Company," "LLC," or "Limited Co."

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
<u>10355 TOWN DRIVE</u>	<u>10355 TOWN DRIVE</u>
<u>Boca Raton FL 33433</u>	<u>Boca Raton FL 33433</u>

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

The Limited Liability Company cannot set up its office in a state other than the state in which it is organized, and cannot do business with another business entity with an agent in another state.

The name and the Florida street address of the registered agent are:

KATHY SALOMA
Name
10355 TOWN DRIVE
Florida street address (P.O. Box NOT acceptable)
Boca Raton FL 33433
City State Zip

Having been named as registered agent and to accept and act as such for the above stated limited liability company, I hereby accept the appointment as registered agent and agree to act in the place designated in this certificate. I also by accepting the appointment as registered agent and agree to act in the place designated in this certificate, further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Kathy Saloma
Registered Agent's Signature (REQUIRED)

ACCONTINUED

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STATE
FLORIDA

ARTICLE IV:

The name and address of each person authorized to manage and control the limited liability company:

Title:

Name and Address:

AMBR - Authorized Member

MGR - Manager

AMBR

North Carolina
27511-1111
33433

(Use attachment if necessary)

ARTICLE V: Effective date, (other than the date of filing) (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 listed is not a legal day of the month, the date shall be the legal day of the month nearest the date listed.

ARTICLE VI: Other provisions of law

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.02(1), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a crime under the laws of the State of Florida.

Typed or printed name of signer

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)

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STATE OF FLORIDA