

L23000420369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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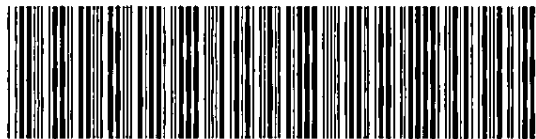
(Business Entity Name)

(Document Number)

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2022 Aug 15 Fri 4:47  
MAIL STOP

# SMITH LAW FIRM, LLC

ATTORNEYS AND COUNSELORS AT LAW

B. LARRY SMITH, P.A.

"SNUFFY"

B. SHANNON SMITH, P.A.

"SHANNON"

322 EAST PARK AVENUE  
CHIEFLAND, FLORIDA 32626

OFFICE (352) 490-5353

FACSIMILE (352) 490-5337

August 9, 2023

New Filing Section  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 11613 109<sup>TH</sup> STREET NORTH, LLC /

To New Filing Section:

Regarding the above limited liability company formation, find enclosed Smith Law Firm check no. 7145 in the amount of \$130.00 payable to the Florida Department of State to register 11613 109<sup>TH</sup> STREET NORTH, LLC as a Florida limited liability company.

Upon receipt and said registration being completed, send all registration and certificate documents to our office in the return envelope provided.

If there are any questions, please feel free to contact our office.

Sincerely,



B. SHANNON SMITH

BSS/dmi

Encs.

2022 AUG 15 PM 4:47  
CALL 606-381-0000

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** 11613 109th Street North, LLC

\_\_\_\_\_  
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:

B. Shannon Smith, Esq.

\_\_\_\_\_  
Name of Person

Smith Law Firm LLC

\_\_\_\_\_  
Firm/Company

322 East Park Avenue

\_\_\_\_\_  
Address

Chiefland FL 32626

\_\_\_\_\_  
City/State and Zip Code

THAMM347@GMAIL.COM

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

For further information concerning this matter, please call:

Timothy R. Hamm

386

209-0697

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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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MAIL ROOM STATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

11613 109th Street North, 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:

2735 Hendricks Ave  
Jacksonville FL 32207-4105

same  
\_\_\_\_\_  
\_\_\_\_\_

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:

Smith Law Firm, LLC

Name

322 East Park Avenue

Florida street address (P.O. Box **NOT** acceptable)

<u>Chiefland</u>	<u>FL</u>	<u>32626</u>
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..*

*Pat. For Smith Law Firm, LLC*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 AUG 15 PM 4:47  
FALL AGENCY REPORT

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR \_\_\_\_\_

Timothy R. Hamm  
2735 Hendricks Ave  
Jacksonville FL 32207-4105

MGR \_\_\_\_\_

Teresa K. Hamm  
2735 Hendricks Ave  
Jacksonville FL 32207-4105

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

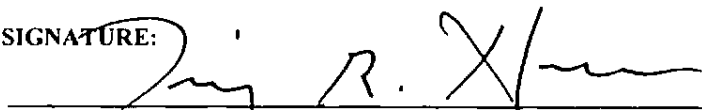
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (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.

TIMOTHY R. HAMM

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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ALL A. 10000