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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

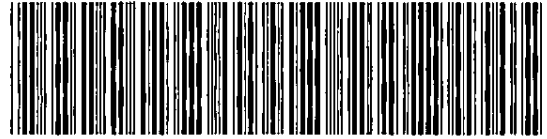
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 Aug 15 Fri 4:47
MAIL SERVICE

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 109TH 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 109TH 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 CENTER STAFF OFFICE

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

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

MAIL ROOM STAFF
2002 AUG 15 PM 4:47

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)

Chiefland FL 32626
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..

Brit For Smith Law Firm, LLC
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FALL ASSOCIATION

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

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)

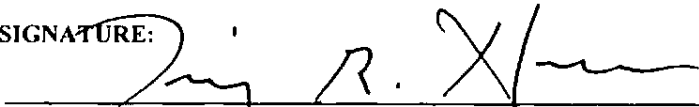
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 signee

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)

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-15-2022 BY 60322 UCBAW