

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L23000456723  
FILED 8:00 AM  
October 03, 2023  
Sec. Of State  
olsimmons

**Article I**

The name of the Limited Liability Company is:

PLAIDSMITH LLC

**Article II**

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

519 COLONIA LN E  
UNIT 8  
NOKOMIS, FL. 34275

The mailing address of the Limited Liability Company is:

494 E SHADE DR  
VENICE, FL. 34293

**Article III**

Other provisions, if any:

FURNITURE RESTORATION AND REPAIR

**Article IV**

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

LYLE D ROHR  
494 E SHADE DR  
VENICE, FL. 34293

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.

Registered Agent Signature: LYLE ROHR

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
LYLE D ROHR  
494 E SHADE DR  
VENICE, FL. 34293

Title: MGR  
JAMIE A FIEDLER  
494 E SHADE DR  
VENICE, FL. 34293

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## **Article VI**

The effective date for this Limited Liability Company shall be:

10/01/2023

Signature of member or an authorized representative

Electronic Signature: LYLE ROHR

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.