

5/10/24, 2:28 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H24000170477 3)))



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2024 MAY 14 PM 3:12  
DIVISION OF CORPORATIONS  
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Fax Number : (850)617-6381

Account Name : LVM ACCOUNTING SERVICES, INC.  
Account Number : I20200000106  
Phone : (561)927-7157  
Fax Number : (305)912-0167

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
FLORIDA SMART RENOVATION LLC

Certificate of Status	1
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Page Count	05
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DIVISION OF CORPORATIONS  
2024 MAY 14 PM 4:45



May 14, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LVM ACCOUNTING SERVICES, INC.

SUBJECT: FLORIDA SMART RENOVATION LLC  
REF: W24000074131

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The Registered Agent address is missing the word "Beach" for the city.

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

Tim Burch  
Operations Manager A

FAX Aud. #: H24000170477  
Letter Number: 624A00010474

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2024 MAY 13 PM 4:45

## COVER LETTER

TO: New Filing Section  
Division of Corporations  
FLORIDA SMART RENOVATION LLC

SUBJECT: \_\_\_\_\_  
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:

DMITRI LEVIN

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

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

7727 NW 25TH ST

\_\_\_\_\_  
Address

POMPANO BEACH, FL 33062

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

ENGINEER@MAIL.COM

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

For further information concerning this matter, please call:

DMITRI LEVIN

396

645-8888

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is.

FLORIDA SMART RENOVATION 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:

7727 NW 25TH ST

POMPANO BEACH, FL 33063

7727 NW 25TH ST

POMPANO BEACH, FL 33063

## ARTICLE III - Registered Agent, Registered Office, &amp; 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.

DWITRII LEVIN

Name

7727 NW 25TH ST

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

POMPANO BEACH

FL

33063

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.*



*[Signature]*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

AMBR \_\_\_\_\_

DMITRI LEVIN \_\_\_\_\_

7727 NW 75TH ST \_\_\_\_\_

POMPANO BEACH, FL 33063 \_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/12/2024 (OPTIONAL.)

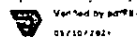
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

DMITRI LEVIN \_\_\_\_\_

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)