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	(Requestor's Name)
	(Address)
	(Addi 655)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
	(Bocamera Mamber)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 06/05/24 Order #: 1525400-2

Re: SMITHCORP REALTY, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.0 - FL State Account Number 12000000195

AUTH

asse take the following action:
File in your office on basis
Issue Proof of Filing

Please take the following action:

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	Sew Filing Se Division of Co							
SUBJEC*		ORP REALTY, LLC						
SUBJEC		Name	of Limit	ed Liabil	ity Company			
The enclo	sed Articles o	f Organization and fe	e(s) are s	ubmitted	for filing.			
Please reti	urn all corresp	ondence concerning t	his matt	er to the f	ollowing:			
	Samuel F. C	Colburn, Esq.						
			 .	Name of	Person			-
	Woods, We	idenmiller, Michetti a	& Rudni	ck, LLP				-
				Firm/Co	тралу			2
	9045 Strada	a Stell Court, Suite 40	0				<u>;</u> = -	,024 J
		-	-	Addr	ess			- E
	Naples, FL	34109					: S} - :	5 <u>≥</u>
	scolburn@la	wfirmnaples.com	City	:/State and	d Zip Code		FAI	2024 JUH -5 AM 9: L
		E-mail address: (to be	used fo	r future a	nnual report notifica	tion)	— F	.7
For further i	nformation co	oncerning this matter,	please c	all:				
	Samuel Coll		239 at (325-4070			
	Nan	ne of Person		Code	Daytime Telephor	ne Number		
Enclosed is	s a check for t	the following amount:						
	Filing Fee	■\$130.00 Filing F Certificate of State	Fee &	Certific	i.00 Filing Fee & ed Copy Il copy is enclosed)			.ed)
	New F Division P.O. B	ng Address Filing Section on of Corporations Box 6327 assee, FL 32314			Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Fallahassee, FL 3230	assee eet, Suite 810		

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The name of the Limited Liability Company is:

SMITHCORP REALTY, 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:

1029 Barcarmil Way	1029 Barcarmil Way
Naples, FL 34110	Naples, FL 34110
	-

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

John Coulch

(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:

Name	
ay	
ress (P.O. Box <u>NOT</u> ac	cceptable)
FL	34110
State	Zip
	ay ress (P.O. Box <u>NOT</u> ac FL

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..

Docusigned by:

Volen Smith

S6691A6C669346B...

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	John Smith 1029 Barcarmil Way Naples, FL 34110
AMBR	Claire Sweeney-Smith 1029 Barcarmil Way Naples, FL 34110
	202 (01) - 5
(Use attachment if necessary)	M 9: 47
If an effective date is listed, the date must be ne date of filing.)	date of filing:
·	
·	John Smith
REQUIRED SIGNATURE: Signature of a This document is exellent among the state of th	1

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional) FIN-53075