

Florida Department of State

Division of Corporations

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DEPARTMENT OF  
CORPORATIONS  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH OF BOCA RATON  
Account Number : 076376001555  
Phone : (803)255-9617  
Fax Number : (561)483-7321

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

Email Address: cmsi4@bellsouth.net

FLORIDA LIMITED LIABILITY CO.  
SMCI LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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STATE  
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PART 108

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**ARTICLES OF ORGANIZATION  
OF  
SMCI LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

**ARTICLE I**

The name of this limited liability company shall be SMCI LLC.

**ARTICLE II**

The mailing address and street address of the principal office of the limited liability company shall be 5300 West Hillsboro Boulevard, Suite 209, Coconut Creek, FL 33073, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

**ARTICLE III**

The initial registered office of this limited liability company is Lynn Financial Center, 5300 West Hillsboro Boulevard, Suite 209, Coconut Creek, FL 33073. The initial registered agent at that address is Edward Ellman.

**ARTICLE IV**

The limited liability company shall be manager-managed. The initial manager of the limited liability company is Edward Ellman.

**ARTICLE V**

This limited liability company shall commence its existence as of the filing hereof and shall exist perpetually thereafter unless sooner dissolved.

**IN WITNESS WHEREOF**, the undersigned authorized representative has executed these Articles of Organization as of June 28, 2024.

  
\_\_\_\_\_  
Edward Ellman, Manager

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DIVISION OF CORPORATIONS  
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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

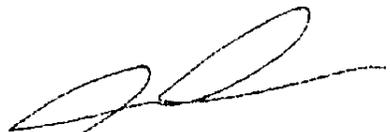
FIRST -- The name of the limited liability company is SMCI LLC.

SECOND -- The name and address of the registered agent and office is:

Edward Elman  
5300 West Hillsboro Boulevard  
Suite 209  
Coconut Creek, FL 33073

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.

Dated as of the 28<sup>th</sup> day of June, 2024.

  
\_\_\_\_\_  
Edward Elman, Registered Agent