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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
<u></u>
(Document Number)
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Certified Copies Certificates of Status
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Special instructions to raing officer
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PROBIVED

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 07/29/24 Order #: 1578161-1

Re: Smithcorp Realty Bonita, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our-State Account: \$130.00 - FL State Account: Number: 12000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

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 New Filing Section **Division of Corporations** Smithcorp Realty Bonita, 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: Brian A. Cordero, Esq. Name of Person Woods, Weidenmiller, Michetti & Rudnick, LLP Firm/Company 9045 Strada Stell Court, Suite 400 Address Naples, FL 34109 City/State and Zip Code bcordero@lawfirmnaples.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brian Cordero 325-4070

Enclosed is a check for the following amount:

□\$125.00 Filing Fee ■\$130.00 Filing Fee &

Name of Person

■\$130.00 Filing Fee & U\$155.00 F Certificate of Status Certified Co

Area Code

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐S160.00 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

Daytime Telephone Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability	y Company is:			
Smithcorp Realty Bot (Must conta	nita, LLC nin the words "Limited I	Liability Company	', "L.L.C.," or "LLC.")	<u></u>
ARTICLE II - Address: The mailing address and street ad	Idress of the principal o	ffice of the Limited	d Liability Company is:	
Principal Office Address:			Mailing Address:	
Naples, FL 34110	Naples, FL 34110		Naples, FL 34110	
(The Limited Liability Company another business entity with an a The name and the Florida street a	ctive Florida registratio	n.) agent are:	You must designate an i	ndividual or
		Name		20
	1029 Barcarmil Way Florida street address (P.O. Box NOT acceptable)			2024 JUL 29
	Naples	FL	34110	1. 2
	City	State	Zip	9 1
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obt	I hereby accept the appo ovisions of all statutes re	ointment as registed lating to the prope	red agent and agree to ac er and complete performa	bility complany at the it in this capacity. I nce of my duties, and I
		DocuSigned by:	—	
			eney-Smith	
	Registe	erea Agentes Signa	Rure (REQUIRED)	

(CONTINUED)

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	
AMBR	Claire Sweeney-Smith 1029 Barcarmil Way Naples, FL 34110
AMBR/MGR	John Smith 1029 Barcarmil Way Naples, FL 34110
(Use attachment if necessary)	of filing:(OPTIONAL). \(\text{OPTIONAL}\)
(If an effective date is listed, the date must be spotthe date of filing.) Note: If the date inserted in this block does not not the document's effective date on the Department of the document's effective date on the Department.	ecific and cannot be more than five business days prior to or 90 days after a second s
ARTICLE VI: Other provisions, if any.	10 - 14
REOUIRED SIGNATURE:	DocuSigned by: John Smith
This document is execut I am aware that any false	mbek or an authorised representative of a member. sed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
John Smith	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)