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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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15 NE OELVED

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:____

(850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

Please use funds from account: I20210000160: \$125.00 Authorization Signature: James Lully **SMOKE BROTHERS OF CLEARWATER LLC Business Name:** Document # Certified Copy Certificate of Status **NEW FILINGS** & **AMENDMENTS** Profit Corp Amendment Not for Profit Resignation / Dissociation ___Change of Registered Agent X_Limited Liability Dissolution for LLC Domestication LLLP Merger ____Articles of Conversion Corp Amended & Restated Articles of Incorporation. Inc Statement of Correction Other APOSTILLE(s) 8 OTHER FILINGS Apostille(s) Foreign Filing LLC Country(s) Reinstatement Qualification Fictitious Name **Annual Report**

COVER LETTER

| | New Filing Sec Division of Co | | | | | |
|-------------------|----------------------------------|---------------------------------------|---------------|-------------|---|--|
| SUBJEC | | BROTHERS OF C | LEARWAT | ER LLC | | |
| SUBJEC | | Nan | ne of Limite | d Liabilit | y Company | |
| The enclo | sed Articles of | Organization and | fee(s) are su | sbmitted f | or filing. | |
| Please reti | urn all corresp | ondence concernin | g this matte | r to the fo | llowing: | |
| | ALI JABER | L . | | | | |
| | | | ? | Name of I | Person | |
| | | | | | | |
| | | | | Firm/Con | pany | ~ |
| | 2005 GULF | TO BAY BLVD | | | | <u>.</u> |
| | | | | Addre | 68 | , , , |
| | CLEARWA | TER FL 33765 | | | | : |
| | alijaber745@ | lomail com | City | State and | Zip Code | .; |
| | | - | be used for | future an | nual report notificati | ion) |
| For further | information co | oncerning this matt | er, please ca | ill: | | |
| | ALI JABER | | 727 at (_ |) | 481-1491 | |
| | Nan | ne of Person | " | Code | Daytime Telephon | e Number |
| Enclosed i | is a check for t | he following amou | int: | | | |
| ■\$ 125.00 | 0 Filing Fee | □\$130.00 Filin Certificate of S | tatus | Certifie | 00 Filing Fee & 1 Copy copy is enclosed) | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed |
| | | ng Address | | | treet Address | |
| | | filing Section on of Corporations | ; | | lew Filing Section Di he Centre of Tallaha | |
| | P.O. I | Box 6327 passee, FL 32314 | | 2 | 415 N. Monroe Stre- allahassee, FL 3230 | et, Suite 810 |
| | 1 mian | 1940 - 10 Co. 1 1 2 2 2 2 2 2 1 1 1 1 | | | accommonded to 2520 | - |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | R | T | IC | LF. | [- | Na | me: |
|---|---|---|----|-----|-----|----|-----|
|---|---|---|----|-----|-----|----|-----|

The name of the Limited Liability Company is:

SMOKE BROTHERS OF CLEARWATER 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: |
|---------------------------|-----------------------|
| 2005 GULF TO BAY BLVD | 2005 GULF TO BAY BLVD |
| CLEARWATER FL 33765 | CLEARWATER FL 33765 |
| | |

ARTICLE III - Registered Agent, Registered Office, & 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:

| ALI JABER | | | |
|--|---------|--------------|--|
| | Name | - | |
| 2005 GULF TO BAY | BLVD | | |
| Florida street address (P.O. Box NOT acceptable) | | | |
| CLEARWATER | FLORIDA | 33765 | |
| 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 as provided for in Chapter 605, F.S..

Alliaber (Oct 29 2024 14 44 FDT)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| А | KΊ | 10 | l . F | IV. | |
|---|----|----|-------|-----|--|

The name and address of each person authorized to manage and control the Limited Liability Company:

| Title: "AMBR" = Authorized Member | Name and Address: | |
|--|---|---|
| "MGR" = Manager AMBR | ALI JABER 2005 GULF TO BAY BLVD CLEARWATER FL 33765 | |
| | | |
| | | |
| | | j |
| (If an effective date is listed, the date must be sthe date of filing.) <u>Note:</u> If the date inserted in this block does not the document's effective date on the Department | specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list not of State's records. | |
| ARTICLE VI: Other provisions, if any. | | |
| REQUIRED SIGNATURE: | | |
| All raber log 29, 2024 14 44 FDTT Signature of a m This document is exec | member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State | |

constitutes a third degree felony as provided for in s.817.155. F.S.

ALI JABER 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)