

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0391 FAX

CSC networks

MAIL TO:
P.O. BOX 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 521604 6179A

AUTHORIZATION :

Patricia Pyzato

COST LIMIT : 9 911.25

346.25

ORDER DATE : January 6, 1995

ORDER TIME : 10:51 AM

ORDER NO. : 521604

400001172284

CUSTOMER NO: 6179A

CUSTOMER: Brian Lipahy, Esq
WEISS & HANDLER, P.A.

Suite 218 A
2255 Glades Road
Boca Raton, FL 33431-7383

6095-398

DOMESTIC FILING

L 95000000011

NAME: GARY SMIGIEL II, L.C.

XX - LIMITED LIABILITY COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ☐ CERTIFIED COPY
PLAIN STAMPED COPY
XX ☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carol J. Davis

EXAMINER'S INITIALS:

FILED
95 JAN -6 " 8 1"
TALLAHASSEE, FL

Ph
1-1-95
P/H



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 6, 1995

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: GARY SMIGIEL II, L.C.
Ref. Number: W9500000398

We have received your document for GARY SMIGIEL II, L.C. and your check(s) totaling \$311.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include the exhibit(s) referred to in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick
Corporate Specialist

Letter Number: 695A00000650

*1/6/95
Re submit*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

OF

GARY SMIGIEL II, L.C.

ARTICLE I - Name

The name of the Limited Liability Company is:

GARY SMIGIEL II, L.C.

ARTICLE II Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

87 17 Avenue South
Lake Worth, Florida 33462

ARTICLE III Duration

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV Management

The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

Gary Smigiel
87 17 Avenue South
Lake Worth, Florida 33462

FILED

95 JAN -6 4 8 10

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

FILED
95 JAN -6 PM 8 16
SEAL
TALLAHASSEE

The undersigned member or authorized representative of a member of GARY SMIGIELLO, L.C.
deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ 0
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 1000.00. This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

FILED
95 JAN -6 11 8 12
TALLAHASSEE
FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

GARY SMIGIEL II, L.C.

2. The name and address of the registered agent and office is:


HENRY B. HANDLER, ESQ.
2255 Glades Road, Suite 218A
Boca Raton, Florida 33431

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

Dec 11 1994
Date

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 21, 1996. If Dissolved, Minimum Amount Due To Reinstatement: \$738.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 263.75	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE		

APPROVED FOR PAYMENT			
PROJECT SPTI	VENDOR		
APPROVAL <i>[Signature]</i>			
DATE 6-4-96	AMOUNT 263.75		
P.O. #	GL#	DATE PAID	

DOCUMENT # L95000000011

1. Name and Mailing Address of Limited Liability Company

GARY SMIGIEL II, L.C.
87 17TH AVENUE SOUTH
LAKE WORTH FL 33462

1a. Principal Place of Business Address

87 17TH AVENUE SOUTH
LAKE WORTH FL 33462

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
01/06/1995	FL
4. FET Number	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
	<input type="checkbox"/> In 75 Additional Fee Required

7. Name and Address of Current Registered Agent

HANDLER, HENRY B
2255 GLADES RD.
SUITE 218A
BOCA RATON FL 33431

8. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, etc. _____

City _____ Zip Code **FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE _____ DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MRGM	SMIGIEL, GARY	87 17TH AVE. SOUTH	LAKE WORTH FL

6000001868118
 -06/19/96-01146-014
 ****263.75 ****263.75
[Handwritten: 613-96]

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or as an attachment with an address.

SIGNATURE: *[Signature]* Gary Smigiel
 MRGM

[Handwritten: 407]
6-4-96 968 3605