

L97000000105

TRANSMITTAL LETTER
OF FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: S.M. Limited Liability Co.
(Proposed limited liability company name - must include suffix)

800002059138---6
-01/15/97--01064--019
****285.00 ****285.00

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

FROM: E.K. Williams & Co.
Name (Printed or typed)

6061 Merrill Rd.
Address

Jacksonville, FL 32277
City, State & Zip

904-743-2177
Daytime Telephone number

Harold Elkins GAVE
AUTHORIZATION BY PHONE TO
CORRECT took and (Liability)
DATE 1/28/97
DOC. EXAM B5B

FILED
97 JAN 28 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 22 1997 B5B
W97-1483
502



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 22, 1997

E.K. WILLIAMS & CO.
6061 MERRILL ROAD
JACKSONVILLE, FL 32277

SUBJECT: S.M. LIMITED LIABILITY CO.
Ref. Number: W97000001483

We have received your document for S.M. LIMITED LIABILITY CO. and check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 897A00003002

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

First S.M. Limited Co.

ARTICLE II - Address:

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

1313 Blanding Blvd. Orange Park, FL 32073

ARTICLE III - Duration:

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

From Jan 15, 1996 to Dec 30, 2016

ARTICLE IV - Management:

(check and complete the appropriate statement)

- ☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Jagadish P. Goswami
4455 Confederate Pt Rd Apt 2H
Jacksonville, FL 32210

Hardev P. Goswami
4455 Confederate Pt Rd Apt 2H
Jacksonville, FL 32210

Mukesh Patel
141-03 Union Turnpike Apt #29
Flushing, NY 41236

Umesh P. Goswami
315 Forsythe Lane
Dekalb, IL 60115

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Additional members could be admitted upon consent of all members.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

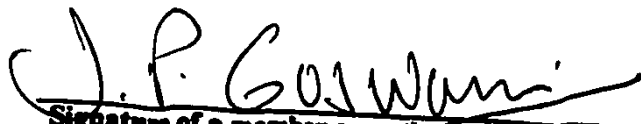
The remaining members shall continue the business.

NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
First S.M. Limited Co. _____ 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 \$ _____.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ -0-.
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 50,000.00.
- 5) the total amounts of 2, 3 and 4 is \$ 50,000.00.



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**

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: First S.M. Limited Co.

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

Jagadish P. Gaswami

(NAME)

4455 Confederate Pt Rd Apt 2H

(P. O. Box NOT ACCEPTABLE)

Jacksonville, FL 32210

(CITY/STATE/ZIP)

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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.

J. P. Gaswami
(SIGNATURE)

1.13.97.
(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent