

LA9 000001612

00789-02544-005 - 00671

Florida Dept. of State,

Please find my filing fee
check for \$337.50 along with
the articles of organization
attached.

My day time work phone
is 727-799-4600 my Mob.
phone is 727-515-7748.

Please call me if you have
any questions at all.

100002795041--8

03/04/99-01093-014

***337.50 ***337.50

Lorann Marie Smith

Address home and business

2936 Chancery Ln.
Clearwater, FL 33759

Name	
Availability	
Document Examiner	
Updater	
U. Ca'er Verifier	
Acknowledgement	
v. P. Verifier	

99 MAR 22 PM 4:00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 11, 1999

CORINN MARIE SMITH
2936 CHANCERY LN.
CLEARWATER, FL 33759

SUBJECT: C.M. SMITH, LLC
Ref. Number: W99000005921

We have received your document for C.M. SMITH, LLC and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

You must provide this office with the agreed value and a written description of the property and/or services you refer to in your affidavit. You may amend your affidavit to include this description or include an attachment.

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 (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 199A00011612

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Corinn M. Smith LLC

ARTICLE II - Address:

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

2936 CHANCERY LANE
CLEARWATER, FLORIDA 33759

ARTICLE III - Duration:

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

PERPETUAL

ARTICLE IV - Management:

(Check the appropriate box and complete the 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:

☒ 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:

Corinn Marie Smith
2936 Chancery Ln.
Clearwater Fl. 33759

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:

NO PERSON MAY BE ADMITTED
AS A MEMBER UNLESS EACH MEMBER
CONSENTS IN WRITING TO THE ADMISSION
OF THE ADDITIONAL MEMBER.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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:

IF EACH REMAINING MEMBER CONSENTS
IN WRITING TO THE CONTINUATION OF
BUSINESS OF THE LIMITED LIABILITY
COMPANY

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of

Corinn M. Smith, LLC

certifies:

1) the above named limited liability company has at least one member;

2) the total amount of cash contributed by the member(s) is

\$ 500⁰⁰;

3) if any, the agreed value of property other than cash contributed by member(s) is

\$ 3,500⁰⁰;

(A description of the property is attached and made a part hereto.); and

4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is

\$ 4,000.

Office equipment

Corinn Marie Smith

Signature of a member or an 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.)

Corinn Marie Smith

Typed or printed name of signee

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

Corinn M. Smith, LLC

2. The name and the Florida street address of the registered agent are:

CORINN MARIE SMITH
NAME

2936 CHANCERY LANE
Florida street address (P. O. Box NOT ACCEPTABLE)

CLEARWATER FL 33759
CITY, STATE AND 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.

Corinn Marie Smith
SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent