

**L99000002200**

Requestor's Name  
 Address  
 City/State/Zip Phone #

100002840101--5  
 -04/15/99-01067-007  
 \*\*\*\*285.00 \*\*\*\*285.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

FILED  
 99 APR 15 PM 5:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**L99-2200**

Name \_\_\_\_\_  
 Available \_\_\_\_\_  
 Document \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Officer \_\_\_\_\_  
 Officer \_\_\_\_\_  
 Officer \_\_\_\_\_  
 Acknowledgment \_\_\_\_\_  
 P. Verifier \_\_\_\_\_

Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CARROLL W. SMITH, L.L.C.

## ARTICLE II - Address:

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

16709 AMBER LANE  
WESTON, FL. 33331

## ARTICLE III - Duration:

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

THE PERIOD OF DURATION OF THE COMPANY IS PERPETUAL AND SHALL NOT BE DISSOLVED UPON THE OCCURENCE OF THE DEATH, EXPULSION, WITHDRAWAL, BANKRUPTCY OR DISSOLUTION OF A MEMBER EXCEPT AS PROVIDED TO THE COTRARY IN THE REGULATION OF THE COMPANY

## 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:

CARROLL W. SMITH  
16709 AMBER LANE  
WESTON, FL. 33331

☐ 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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## 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:

UPON THE UNANIMOUS 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:

**RESERVED BY THE REMAINING MEMBERS OF THE LIMITED LIABILITY COMPANY TO CONTINUE THE BUSINESS.**

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of \_\_\_\_\_

CARROLL W. SMITH, L.L.C. 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 \$ 1,000.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.00 ;  
(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 \$ 1,000.00 .

  
\_\_\_\_\_  
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.)

CARROLL W. SMITH

Typed or printed name of signer

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**Filing Fee: \$250.00 for Articles and Affidavit**

**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: \_\_\_\_\_

CARROLL W. SMITH, L.L.C.

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

CARROLL W. SMITH

NAME

16709 AMBER LANE

Florida street address (P. O. Box NOT ACCEPTABLE)

WESTON

FL

33331

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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.*

  
\_\_\_\_\_  
SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**