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|---|--|--|--|--|--|--|
| (Requestor's Name) | | | | | | |
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: L. SELLERS | | | | | | |
| JUN - 9 2011 | | | | | | |
| EXAMINER | | | | | | |
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Office Use Only



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SEGRETARY OF STATE

COVER LETTER

| | n of Corporations | |
|---|--|--|
| SUBJECT: | Steve Smith, LLC | |
| | Name of Limited Liability Company | |
| | pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate heck are submitted to register the above referenced foreign limited liability company to transact business in Florida. | |
| Please return all | correspondence concerning this matter to the following: | |
| | Steven C. Sm. th Name of Person | |
| | | |
| | Steve Smith, LLC | |
| | Firm/Company | |
| | 7222 N. Ola Ave. | |
| | Address | |
| | Tampa FL 33604 | |
| | City/State and Zip Code | |
| | Steve@house 1234.com | |
| - | E-mail address: (to be used for future annual report notification) | |
| For further infor | mation concerning this matter, please call: | |
| | Steve Smith at (813) 421 2158 | |
| | Name of Person Area Code & Daytime Telephone Number | |
| Division | NG ADDRESS: STREET ADDRESS: n of Corporations Division of Corporations | |
| Registra P.O. Bo | ation Section Registration Section ox 6327 Clifton Building | |
| | ssee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 | |
| Enclosed is a a \$\frac{1}{2}\$\$125.00 | check for the following amount: Filing Fee \$\Bigcup \\$130.00 \text{ Filing Fee & }\Bigcup \\$155.00 \text{ Filing Fee & }\Bigcup \\$160.00 \text{ Filing Fee, Certificate }\Bigcup \text{ Certified Copy} | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 24, 2011

STEVEN C. SMITH 7222 N OLA AVENUE TAMPA, FL 33604

SUBJECT: STEVE SMITH, LLC Ref. Number: W11000028571

We have received your document for STEVE SMITH, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

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) 245-6967.

Letter Number: 411A00012853

Leslie Sellers Regulatory Specialist II

orations DO DOV 6997 Tallahanna Florida 9991

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | O REGISTER A FOREIGN |
|--|-----------------------------|
| | |
| 1. Steve Sm. H., LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C. | ," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and a consent of the managers or managing members adopting the alternate name. The alternate name must inclu Company," "L.L.C," "LLC.") | ttach a copy of the written |
| · | |
| 2. De laware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-2189520 (FEI number, if application application of the law of which foreign limited liability company is organized) | ole) |
| 4. May 11, 2011 (Date of Organization) 5. Oerpetual (Duration: Year limited liability company) | |
| exist or "perpetual") | |
| 6NIA | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | |
| 7. 7222 N. Ola Ave. | |
| Tanha F 3360 9 (Street Address of Principal Office) | |
| 8. If limited liability company is a manager-managed company, check here | = 1 |
| | AEE AEE |
| 9. The name and usual business addresses of the managing members or managers are as | follows 🗐 🚺 |
| Steven C. Smith | A\$55 |
| 7222 N.Ob Ave | EPS E |
| 7222 N. Ola Ave Tampa FZ 33604 | STATE LORID |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official In the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fit translation of the certificate under oath of the translation must be submitted.) | foreign language, a |
| 11. Nature of business or purposes to be conducted or promoted in Florida: | (autu) |
| activity | |
| & C hull | |
| Signature of a member or an authorized representative of a member | er. |
| (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmat | ion under the |
| penalties of perjury that the facts stated herein are true. I am aware that any false information s document to the Department of State constitutes a third degree felony as provided for in | |
| Steven C. Smith | _ |
| Typed or printed name of signee | |

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

| We, the undersigned, do hereby certify that we are the Managers and/or Managing |
|--|
| Members of Steve Smith, LLC (Name of Limited Liability Company) |
| (Name of Limited Liability Company) |
| a limited liability company duly organized and existing under the laws of |
| Delaware (State or Country of Organization) |
| (State or Country of Organization) |
| Because the name of this foreign limited liability company does not satisfy the |
| requirements of the s. 608.406, F.S., the limited liability company hereby adopts the |
| following name to transact business in the state of Florida: |
| Steve Charles Smith LLC (Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability |
| (Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.) |
| Date: 06/03/2011 |
| Signature(s) of Manager(s) and/or Managing Member(s): |
| 4 Chit |
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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 L | iability Compan | y is: | | | | |
|--------------------|--|-------------------|-----------------|-----------------------|---|--|--|
| | Steve | Smith, L | LC | | | | |
| If unavailable, th | ne alternate to | be used in the s | tate of Florida | is: | | | |
| 2. The name and | d the Florida | street address of | the registered | agent and office are: | | | |
| | Steven C. Smith | | | | | | |
| | 7222 N. Ola Are | | | | | | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | | | | |
| | | Tanja | FL | 33604 | | | |
| | | | 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 608, Florida Statutes.

G C Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

FILED

11 JUN -8 PH 4: 06

SECHETARY OF STATE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STEVE SMITH LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE EIGHTEENTH DAY OF MAY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STEVE SMITH LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2011.

4980783 8300

110571911

Jeffrey W. Bullock, Secretary of State AUTHENTYCATION: 8771651

DATE: 05-18-11

You may verify this certificate online at corp.delaware.gov/authver.shtml