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(Address)
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(City/State/Zip/Phone #)
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January 6, 2020

PAMELA J. LACKO 101 FRONT STREET PALM COAST, FL 32137

SUBJECT: SMART CLICKS, LLC Ref. Number: W20000000818

We have received your document for SMART CLICKS, LLC and your check(s) totaling \$160.00. 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. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The alternate name that you have chosen is not available. Please select a new name.

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) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 320A00000203

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JAN 21 2020

COVER LETTER

Registration Section

TO:

Div	ision of Corporations		
SUBJECT:	Smart Clicks, LLC		
Sobstici.	Name of Limi	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
	"Application by Foreign Limited Liability Company deheck are submitted to register the above reference		
Please return	all correspondence concerning this matter to the following	owing:	
	Pamela J Lacko		
	Name	of Person	
	Smart Clicks, LLC		
	Firm/C	Company	,
	101 Front Street		2021 SEI TALL
	Ac	ldress	JAN 2
	Palm Coast, FL 32137		FILED MN 21 PM 3: KLIARY OF STA KLIASSEE, FLOR
	City/State	and Zip Code	F. 3 III
	pjlacko@smartelicks.org		H S: A
	E-mail address: (to be used for	future annual report notification)	A 6
For further in	formation concerning this matter, please call:		-
Pan	nela J Lacko at	860 916-2354	
	Name of Contact Person	Area Code Daytime Telep	phone Number
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 ahassee, FL 32314	STREET ADDRESS Division of Corporal Registration Section Clifton Building 2661 Executive Cer Tallahassee, FL 323	ations 1 ner Circle
Plea	osed is a check for the following amount: se make check payable to: FLORIDA DEPARTME \$125.00 Filing Fee \$\square\$ \$130.00 Filing Fee & Certificate of Status	NT OF STATE \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee. Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting busing			anny company.		
Connecticut	high foreign limited hability company is organiz	3	-2966527	aber, if applicable)		
(Jurisdiction under the law of w	duch foreign limited hability company is organiz	ed)	(FIE) num	aber, if applicable)	ı	
	(Date first transacted business in Florida,				. ~	
	(See sections 605,0904 & 605,0905, F.S	to determine penalty liabil	už)	, LL	020	
101 Front Street		10 6.	1 Front Street	RE IJ AHA	JAN	T
(Street Address of	Principal Office)	J	(Mailing Ad-	dressi SS	2	-
Palm Coast, FL 32137		Pai	m Coast, FL 32137	ب اس	_	
			m coust, 1 is 52151	ير تت	<u> </u>	177
		_		F STA FLOR	PH 3:	
Name and street addre	ss of Florida registered agent: (P.	 O. Box <u>NOT</u> acce		FLORIDA	PM 3: 16	
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P. Pamela J Lacko	O. Box <u>NOT</u> acce			PM 3: 16	
		O. Box <u>NOT</u> acce			PM 3: 16	<u> </u>
Name:	Pameta J Lacko	O. Box <u>NOT</u> acce			PM 3: 16	<u> </u>

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: Jeffrey J Lacko Name: Pamela J Lacko Manager Manager Address: ____ 101 Front Street Member Address: _ Member Palm Coast, FL 32137 Palm Coast, FL 32137 Authorized Authorized Person Person Other Other_ Other_ Other Manager Manager Member Member Address: Authorized Authorized Person Person Other_____ Other_ Other_ Manager Name: _____ Manager Name: ☐Member Address: Member Address: Authorized Authorized Person Person Other_ Other___ Other____ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Pamela J Lacko

Typed or printed name of signer

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof. DO HEREBY CERTIFY, that articles of organization for

SMART CLICKS, L.L.C.

a domestic limited liability company, were filed in this office on June 03, 2002.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: November 26, 2019

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SECRETARY OF STATE
TALLAHASSEE, FLORIE