

M230000008887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

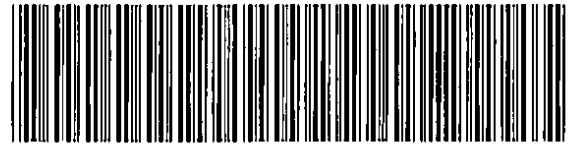
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23000076227

Office Use Only



400408951184

05/17/23--01018--008 \*\*125.00

FILED  
2023 JUL 15 AM 12:21  
TAMPA, FL 33602



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2023

LORRIE SMITH  
1771 RINGLING BLVD., UNIT 601  
SARASOTA, FL 34236 US

SUBJECT: SMITH HOLDING CO., LLC  
Ref. Number: W23000076227

6/12/23 -  
Please re-process. I  
have changed the name  
Thank you.  
Lorrie Smith

We have received your document for SMITH HOLDING CO., 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 corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Andrea Andrews  
Regulatory Specialist II

Letter Number: 723A00012311

**RECEIVED**

JUN 15 2023

**BAYNARD, McLEOD, LANG & WINTER, P.A.**  
ATTORNEYS AND COUNSELORS AT LAW

146 SECOND STREET NORTH, SUITE 102  
ST. PETERSBURG, FLORIDA 33701  
TEL: (727) 894-0676  
FAX: (727) 823-7351

BENJAMIN A. WINTER  
JOSEPH H. LANG (1964-2018)  
HENRY S. BAYNARD (1929-1980)  
WILLIAM J. McLEOD (1948-1975)

May 8, 2023

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314


Re: Smith Holding Co. LLC

Dear Sir/Madam:

Please be advised that I have been retained by the Smith Holding Company regarding the enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. Please find enclosed the Application as well as a check for the \$125 filing fee. Please process the same and advise if there is any additional necessary information.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,



Benjamin A. Winter

Enclosures

cc: client

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Smith Holding Co., LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check 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:

Lorrie Smith

Name of Person

Smith Holding Co., LLC

Firm/Company

1771 Ringling Blvd., Unit 601

Address

Sarasota, FL 34236

City/State and Zip Code

actiondrivesnj@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorrie Smith

Name of Contact Person

201 at ( )

Area Code

280-2192

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$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:

1. Smith Holding Co. LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

L Smith Holding Co LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New Jersey 3. 22-3588718  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6 DeForest Ave 6. 1771 Ringling Blvd Unit 601  
(Street Address of Principal Office) (Mailing Address)

Ste 8 Sarasota, FL

East Hanover, NJ 07936 34236

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Lorrie Smith  
Office Address: 1771 Ringling Blvd Unit 601  
Sarasota 34236  
(City) , Florida (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lorrie Smith  
(Registered agent's signature)

2023 JUL 15 AM 12:21

FILED

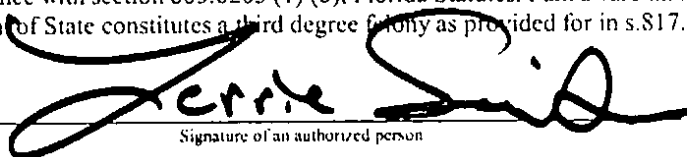
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Lorrie Smith</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>1771 Ringling Blvd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Unit 601</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Sarasota, FL 34236</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

  
Signature of an authorized person

Lorrie Smith

Typed or printed name of signee

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

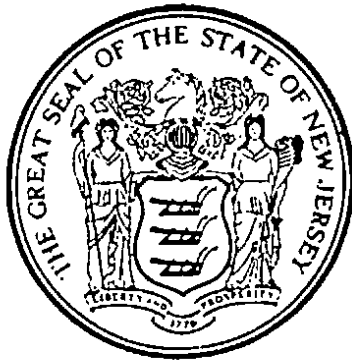
**SMITH HOLDING CO., LLC**  
0600051788

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 18, 1998.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

LORRIE SMITH  
6 DEFOREST AVE. STE 8  
C/O ACTION DRIVES  
EAST HANOVER, NJ 07936-0264



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
7th day of July, 2023*

*Elizabeth Maher Muoio  
State Treasurer*

*Certificate Number : 6144601775*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)*