

M24000004677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

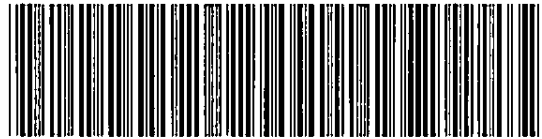
(Document Number)

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

Special Instructions to Filing Officer:

W24000031897

Office Use Only



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02/13/24--01031--005 \*\*125.00

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2024

NICOLE MOLINA  
PO BOX 202  
SPRING GROVE, IL 60081 US

SUBJECT: SMFCC, LLC  
Ref. Number: W24000031897

We have received your document for SMFCC, 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 designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

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: 124A00004173

COVER LETTER

TO: Registration Section  
Division of Corporations

SMFCC LLC

SUBJECT: \_\_\_\_\_  
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:

Nicole Molina

\_\_\_\_\_  
Name of Person

SMFCC LLC

\_\_\_\_\_  
Firm/Company

PO BOX 202

\_\_\_\_\_  
Address

SPRING GROVE, IL 60081

\_\_\_\_\_  
City/State and Zip Code

NICOLEMOLINA@SMFCC.NET

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

For further information concerning this matter, please call:

Nicole Molina

760

500-7041

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

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. SMFCC, LLC  
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLC")

2. Illinois  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-2909958  
(F.T.C. number, if applicable)

4. 2/1/24  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 7901 4th St N Ste 300  
(Street Address of Principal Office)

6. PO BOX 202  
(Mailing Address)

St Petersburg FL 33702

SPRING GROVE, IL 60081

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

Name Registered Agents Inc

Office Address: 7901 4th St N STE 300

St Petersburg, Florida 33702  
(City) (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.*

[Signature]  
(Registered agent's signature)

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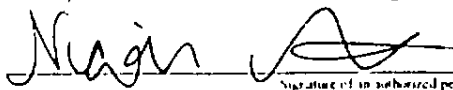
8. For initial indexing purposes, list names, title or capacity and addresses of the primary member, manager, or person in charge (up to six (6) total).

<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: Susan Flood	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3414 Forest Ridge Dr	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Spring Grove, IL 60081	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Nicole Molina	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 121 Pheasant Trail	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Carpentersville, IL 60010	<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

Nicole Molina

Typed or printed name of signer

File Number

1089960-5



**To all to whom these Presents Shall Come, Greeting:**

*I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

SMECC, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 23, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



**In Testimony Whereof,** I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST day of FEBRUARY A.D. 2024 .

Authentication # 2403202278 verifiable until 02/01/2025  
Authenticate at <https://www.issos.gov/>

*Alexi Giannoulis*  
SECRETARY OF STATE


## AFFIDAVIT OF STATEMENT

My name is Susan Flood, I was born on January 4, 1985, I am the President of SMFCC LLC and currently reside at 3414 Forest Ridge Dr. Spring Grove, IL 60081.

SMFCC LLC had Voluntarily dissolved our limited liability company with the state of Florida as we needed to file a Foreign limited liability Company Application with Florida, the File number is L23000326768. The company name SMFCC LLC dissolved on February 1, 2024. We have filed a Foreign LLC application and would like to release the name to allow another entity to use the SMFCC LLC name for application W24000031897.

I Susan Flood swear that the information in my sworn statement is truthful to the best of my knowledge and understanding.

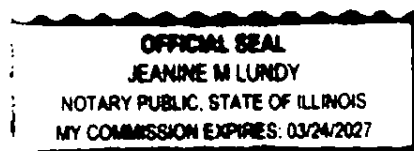
Sincerely,



Susan Flood

President of SMFCC, LLC

*Jeanine M Lundy 3/26/2024*





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2024

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Andrea Andrews  
Regulatory Specialist II

Letter Number: 124A00004173

**RECEIVED**

**MAR 18 2024**



# *State of Florida*

## *Department of State*

I certify from the records of this office that SMFCC LLC was a limited liability company organized under the laws of the State of Florida, filed on July 10, 2023, effective July 10, 2023.

The document number of this limited liability company is L23000326768.

I further certify that said limited liability company was voluntarily dissolved on February 1, 2024, effective February 1, 2024.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the Third  
day of February, 2024*



A stylized, handwritten signature in black ink, appearing to be 'J. B. J.', is written over a horizontal line.

***Secretary of State***

Authentication ID: 400423114034-020324-L23000326768

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>