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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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05/14/08--01042--013 **160.00

Effective Date 05/12/08

FILED
08 MAY 14 AM 9:00
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

T. HAMPTON

MAY 15 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Simply Spiral, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Devine-Nickelson

(Name of Person)

Simply Spiral, LLC

(Firm/Company)

126 E. Olympia Avenue - Suite 201

(Address)

Punta Gorda, Florida 33950

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Nickelson at (**941**) **204-1188**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

May 9, 2008

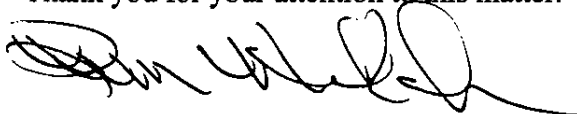
Florida Department of State
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center circle
Tallahassee, Florida 32301

To Whom It May Concern:

Enclosed please find the articles of organization for Simply Spiral along with a check in the amount of \$160.00.

My name is Kim Nickelson; my address is 126 E. Olympia Avenue Suite 201 Punta Gorda Florida 33950. My daytime phone number is 941-204-1188.

Thank you for your attention to this matter.

A handwritten signature in black ink, appearing to read "Kim Nickelson", with a long horizontal flourish extending to the right.

Kim Nickelson
Managing Member

Effective Date

05/12/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Simply Spiral, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

126 E. Olympia Avenue - Suite 201

Punta Gorda, Florida 33950

126 E. Olympia Avenue - Suite 201

Punta Gorda, Florida 33950

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kim Devine-Nickelson

Name


126 E. Olympia Avenue - Suite 201

Florida street address (P.O. Box **NOT** acceptable)

Punta Gorda, FL 33950

City, State, and 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, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Kim Devine-Nickelson

126 E. Olympia Avenue - Suite 201

Punta Gorda, Florida 33950

MGRM

Lynda Albert

126 E. Olympia Avenue - Suite 201

Punta Gorda, Florida 33950

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 12th 2008. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kim Devine-Nickelson

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
08 MAY 14 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA