

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMPLICITY DESIGN & BUILD 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:

Paul Poniatowski
Name of Person
Firm/Company
4801 Hawthorn Woods Way
Address
Naples, FL 34116
City/State and Zip Code
paul.poniatowski@aol.com
E-mail address: (to be used for future annual report notification)

16 OCT 11 AM 7:49
SECTION OF STATE
CORPORATION

For further information concerning this matter, please call:

Joe Shenstone at (239) 213-8169
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SIMPLICITY DESIGN & BUILD 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:

4801 Hawthorn Woods Way
Naples, FL 34116

4801 Hawthorn Woods Way
Naples, FL 34116

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:

Paul Poniatowski
Name

4801 Hawthorn Woods Way
Florida street address (P.O. Box **NOT** acceptable)

Naples FL 34116
City State Zip

16 OCT 11 AM 7:48

SEE STATE FILE # 2010

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 605, F.S..

Paul Poniatowski
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager AMBR _____	Paul Poniatowski _____ 4801 Hawthorn Woods Way _____ Naples, FL 34116 _____
AMBR _____	Joseph Strahan Shenstone _____ 4580 1st Ave. NW _____ Naples, FL 34119 _____
AMBR _____	Ilir Kadiqi _____ 1995 41st St SW _____ Naples, FL 34116 _____
_____	_____ _____ _____

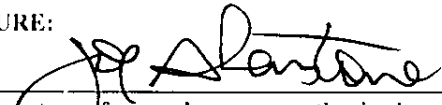
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

Joseph Strahan Shenstone

Typed or printed name of signee

Filing Fees:

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

16 OCT 11 AM 7:48
STATE OF FLORIDA
DEPARTMENT OF STATE