## Miller and Associates, Inc Tax, Estate and Financial Planning Consultants Park North 5125 Castello Drive Naples, Florida 34103 Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1(Corporation Name)                   | (Document #)  |                       |   |
|---------------------------------------|---|-----------------------|---|
| 2. (Corporation Name)                 | (Document #)  | 30000345<br>-11/30/00 | 3 <b>1883-8</b><br>-01097-005<br>00 ***125.00 |
| 3(Corporation Name)                   | (Document #)  |                       |   |
| 4(Corporation Name)                   | (Document #)  | V                     |   |
| ☐ Walk in ☐ Pick up time              |   | Certified Copy        |   |
| ☐ Mail out ☐ Will wait                | ☐ Photocopy   | Certificate of S      | tatus   |
| NEW FILINGS  Profit Not for Profit    | AMENDMENTS  Amendment  Resignation of R                 | .A., Officer/Director |   |
| Limited Liability Domestication Other | Change of Regist Dissolution/With Merger                | ered Agent            | SECRETAR<br>DIVISION OF C                     |
| OTHER FILINGS                         | REGISTRATION/Q  | <u>UALIFICATION</u>   | NA OL   |
| ☐ Annual Report ☐ Fictitious Name     | Foreign Limited Partnersl Reinstatement Trademark Other | nip                   | STATE<br>GRATIONS                             |

**Examiner's Initials** 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |                      |   |
|--|----------------------|---|
| . Sims Livestments, LLC  |                      |   |
| ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company of the Principal of the Principal office of the Limited Liability Company of the Principal office of the Limited Liability Company of the Principal office of the Limited Liability Company of the Principal office of the Limited Liability Company of the Principal office of the Princip | >                    | :<br>-  |
| The name and the Florida street address of the registered agent are:    The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The Name   The Na |                      |   |
| Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provisi statutes relating to the proper and complete performance of my duties, and I am familiar wit accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.  Registered Agent's Signature  Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers therefore, a manager - managed company.  | as<br>ons o<br>h and | fall<br>d   |
| An additional article must be added if an effective date is requested)  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.)  Typed or printed name of signee  Filing Fees: \$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)   | 00 NOV 30 PM 5: 59   | FILEU<br>SEGRETARY OF SIATE<br>DIVISION OF CORPCRATIONS |