## 1020000002542

Florida Department of State Registration Section Division of Corporations Post Box Office 6327 Tallahassee, FL 32314

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To Whom It May Concern:

Please find enclosed a check in the amount of \$160.00 to cover the filing fee (100.00) the designation of registered agent (25.00) a certified copy (30.00) and the certificate of status (5.00). Also enclosed is the Articles of Organization for a Florida Limited Liability Company. If you should need any additional information please do not hesitate to call me at (561) 736-5416.

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\*\*\*\*160.00

Warm regards,

Kathryn Escoto 4672 Palo Verde Dr. Boynton Beach, FL 33436



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ARTICLE I - Name:

ARTICLE II - Address:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

The name of the Limited Liability Company is: Simpatico

4672 Palo Vorde Dr., Boyston Beach, FL	334:	SE
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the registered agent are:    The Name   Scott     Name   VERDE   R.   Florida street address (P.O. Box NOT acceptable)   Bepart   FL   33436   City, State, and Zip		
Having been named as registered agent and to accept service of process for the above stated limitability 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.  Registered Agent's Signature	of all	
Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.  (An additional article must be added if an effective date is requested)	SECRETARY JAILAHASSEI	02 JAN 28
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.)	OF STATE	AM 10: 44
Typed or printed name of signee		
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)		