

L030000008982

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000077123 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

EFFECTIVE DATE

03/10/03

LIMITED LIABILITY COMPANY
THE SIMON GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

W03-7061



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 12, 2003

FAS-T CORP.

SUBJECT: THE SIMON GROUP, LLC
REF: W03000007061

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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) 245-6094.

Agnes Lunt
Document Specialist

FAX Aud. #: H03000077123
Letter Number: 803A00015544

FILED
2003 MAR 12 PM 3:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
03 MAR 12 PM 2:22
DIVISION OF CORPORATIONS

FILED
2003 MAR 12 PM 3:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
THE SIMON GROUP, LLC
A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is THE SIMON GROUP, LLC.
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

15580 GREENNOCK LANE, FORT MYERS, FL 33912
4. **Mailing Address.** The mailing address of the limited liability company is:

15580 GREENNOCK LANE, FORT MYERS, FL 33912
5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

EFFECTIVE DATE
03/10/03

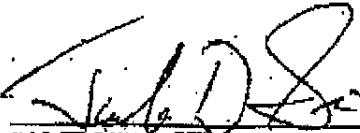
JOSEPH SHOMAR
5190 NW 167 STREET
MIAMI, FL 33014

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.


JOSEPH SHOMAR

7. Effective Date. The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

March 10th, 2003.



JAMILLE D. SIMON

Member

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

FILED
2003 MAR 12 PM 3:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA