

Division of Corporations

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**L0300000 44797**Florida Department of State  
Division of Corporations  
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## To:

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

## From:

Account Name : FALLACE & LARKIN, L.C.  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## LIMITED LIABILITY COMPANY

SimDev, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION  
FOR  
SIMDEV, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is: SimDev, LLC.

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 1280 Tuckaway Drive, Rockledge, Florida 32955.

**ARTICLE III - REGISTERED AGENT**

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

David G. Larkin  
1900 S. Hickory Street, Ste. A  
Melbourne, FL 32901

*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

**ARTICLE IV - MANAGER OR MANAGING MEMBER(S)**

The name and address of the Manager is as follows:

MGR

William Sims  
1280 Tuckaway Drive  
Rockledge, Florida 32955

**NOTE: 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.)

William Sims  
Typed or printed name of signee

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