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SECRETARY OF STATE

2004 APR -5 A 10:

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SIMEON A/C HENT	inc & REFFICE FATION	L L C	
(Name of L	imited Liability Company)		
The enclosed Articles of Organization and fee(s) as	re submitted for filing.		
Please return all correspondence concerning this m	natter to the following:		
DONALD W. S.	INCOX		
(Name of Person)			
SINCOL AIL HEARING ? (Firm/Company)	REFLICETAMON LLC	2004 AF SECRE TALLA	77
713 SEMINOLE BLU (Address)	110	ON APR -5 A 10: 4 ECRETARY OF STATE LLAHASSEE, FLORIO	
TALPO H SPRINGS (City/State and Zip Code)	FL 34689	A 10: 48 Y OF STATE EE, FLORIDA	
For further information concerning this matter, plea	ase call:		
Name of Person)	at (727) 939 9694 (Area Code & Daytime Telephone Number	<u>्</u> भ	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APTICLE 1 - Name.

The name of the Limited Liability Company is:	
SIMON A/CHEANNO & CEFC	LERATION LLC
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
TARROWS SPRINGS FL 34689	SAME
TARPON SPRINCE FL 34689	
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered	
DONALD W. SIMCE Name	2004 APR SECRETATION APR
Florida street address (P.O. Box NO	Tacceptable)
TROON SPRINGS FL 2 City, State, and Zip	FLORIDE TO THE
Having been named as registered agent and to accept sen	• • • • • • • • • • • • • • • • • • • •

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

(CONTINUED)