

L04000046394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900037979189

06/21/04--01044--011 \*\*160.00

FILED  
2004 JUN 21 PM 4:08  
TALLAHASSEE, FLORIDA

J. BRYAN JUN 22 2004

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Richard Simpson, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Aprile  
(Name of Person)

(Firm/Company)

4869 – 121<sup>st</sup> Terrace No.  
(Address)

Royal Palm Beach, FL 33411  
(City, State, Zip Code)

FILED  
2004 JUN 21 PM 4:08  
J. G. S. REGISTRATION  
TALLAHASSEE, FLORIDA

For Further information concerning this matter, please call:

Joseph Aprile at ( 561 ) 798-6569  
(Name of Person) (Area Code & Daytime Phone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1 – Name:**

The name of the Limited Liability Company is:

Richard Simpson, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

**Mailing Address:**

532 Embracer Street N.W.

Lake Placid, FL 33852

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Richard Simpson

Name

532 Embracer Street N.W.

Florida street address (P.O. Box **NOT** acceptable)

Lake Placid, FL 33852

City, State, Zip

*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, Florida Statutes..*



Registered Agent's Signature

FILED  
2004 JUN 21 PM 4:09  
JENNIFER L. BARNETT, CLERK  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Richard Simpson

532 Embracer Street N.W.

Lake Placid, FL 33852

MGR

Norma Asfar

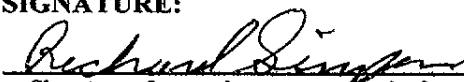
532 Embracer Street N.W.

Lake Placid, FL 33852

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

Richard Simpson

Typed or printed name of signee

FILED  
2004 JUN 21 PM 4:09  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA