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(Requestor's Name)

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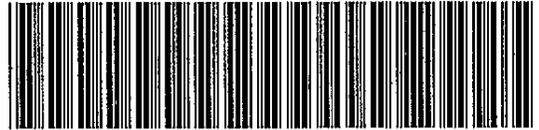
(Business Entity Name)

(Document Number)

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TALLMANS, SE. LONDON

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3-10-05

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 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:

JAMES H. MCANLY  
(Name of Person)

JAMES H. MCANLY, ATTORNEY AT LAW  
(Firm/Company)

222 EAST OAK STREET  
(Address)

ARCADIA, FL 34266  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES H. MCANLY at (863 ) 494-0062  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

FILED  
TALLAHASSEE, FLORIDA

05 MAR -9 PM 12:10

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF  
SIMPSON, LLC.**

The undersigned, **RACHAEL BAIL**, to these Articles of Organization, natural person competent to contract, hereby forms a Limited Liability Company for profit, under the laws of the State of Florida.

**ARTICLE I - NAME**

The name of the Limited Liability Company is **SIMPSON, LLC.**

**ARTICLE II - ADDRESS**

The mailing address and the street address of the principal office of **SIMPSON, LLC.** is:

7033 Elizabeth Drive  
McLean, VA 22101

**ARTICLE III**

This Limited Liability Company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

**ARTICLE IV**  
**REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

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

Mary E. Dow  
11 East Oak Street  
Arcadia, FL 34266

*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.*

  
\_\_\_\_\_  
MARY E. DOW  
Registered Agent

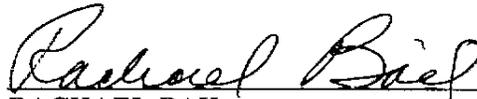
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STATE OF FLORIDA  
TALLAHASSEE

ARTICLE V - MANAGEMENT

The name and address of each Manager or Managing Member of this Limited Liability Company is as follows:

<u>Title</u>	<u>Name and Address:</u>
Managing Member	Rachael Bail 7033 Elizabeth Drive McLean, VA 22101

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.

  
\_\_\_\_\_  
RACHAEL BAIL

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SEC. OF STATE  
TALLAHASSEE, FLORIDA