

LOS 000069349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

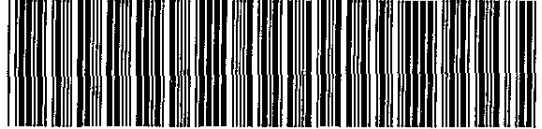
(Business Entity Name)

(Document Number)

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

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05 JUL 14 PM 2:57 RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32399  
DIVISION OF CORPORATIONS  
05 JUL 14 PM 2:50

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: C.D. Simpson Ent. 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:

Chau Douglas Simpson  
(Name of Person)

C.D. Simpson Ent. LLC  
(Firm/Company)

2144 Shady Oaks Dr.  
(Address)

Tallahassee Fla. 32303  
(City/State and Zip Code)

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SECOND FLOOR  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

C.D. Simpson at (850), 294-1865  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

C. D. Simpson Ent. LLC

**ARTICLE II - Address:**

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

Principal Office Address:

2144 Shady Oaks Dr.  
Tallahassee Fla. 32303

Mailing Address:

2144 Shady Oaks Dr.  
Tall. Fla. 32303

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

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

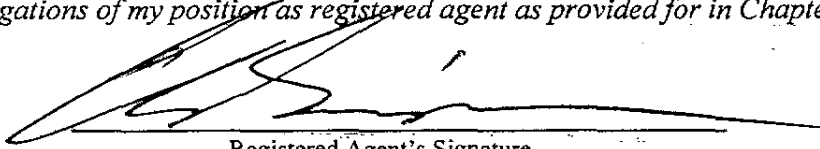
Chan Douglas Simpson  
Name

2144 Shady Oaks Dr.  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32303  
City, State, and Zip

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TALLAHASSEE, FLORIDA

*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)

**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

Daryl Kelly  
2232 Old Baldridge Rd.  
Tallahassee Fla 32301

MGRM

Chau Douglas Simpson  
2144 Shady Oaks Dr  
Tallahassee Florida 32303

\_\_\_\_\_

\_\_\_\_\_

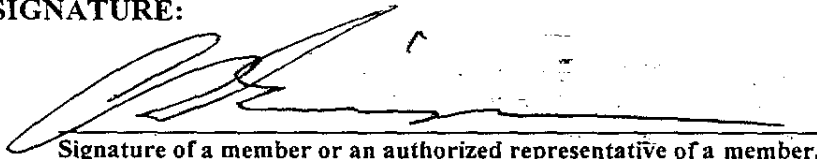
\_\_\_\_\_

\_\_\_\_\_

(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.)

Chau Douglas Simpson  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILED**

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)