

LD5000092818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

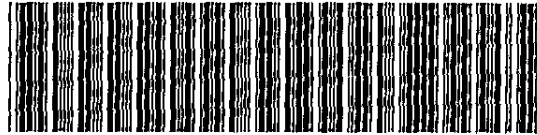
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500058574825

08/26/05--01037 000 ** (30) 00

00558

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 21 PM 2:53

N. Gulligan SEP 21-2005



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 12, 2005

ANGELA HOBBS
1597 GUARDIAN COURT
JACKSONVILLE, FL 32221

SUBJECT: SMCS, LLC (SIMPLIFIED MOBILE CLOSING SERVICES, LLC)
Ref. Number: W05000040583

We have received your document for SMCS, LLC (SIMPLIFIED MOBILE CLOSING SERVICES, LLC) and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 005A00054394

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simplified Mobile Closing Services, 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:

Angela Hobbs

(Name of Person)

Simplified Mobile Closing Services, LLC

(Firm/Company)

1597 Guardian Court

(Address)

Jacksonville, FL 32221

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Hobbs

(Name of Person)

at (904) 434-9078

(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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Simplified Mobile Closing Services, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

1597 Guardian Court

Mailing Address:

1597 Guardian Court

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Angela Hobbs

Name

1597 Guardian Court

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

Jacksonville, FL 32221

FL

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 21 PM 2:53

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..

Angela Hobbs

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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:

MGR _____

Angela Hobbs
1597 Guardian Court
Jacksonville, FL 32221

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Angela Hobbs

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)