

L05000114922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

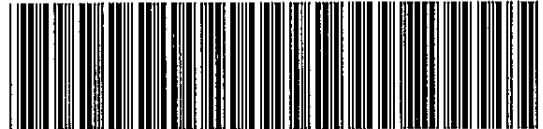
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

505 AUG 6 99 51

Office Use Only



900061598019

12/01/05--01033--007 **125.00

FILED
05 DEC -1 PM 2:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
05 DEC -1 AM 11:48
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
FILED
05 DEC -1 PM 2:46

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Simpson Communications, LLC

FILED
05 DEC - 1 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

FILED
05 DEC - 1 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

12/1/05

10:01

**ARTICLES OF ORGANIZATION OF SIMPSON COMMUNICATION, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization:

ARTICLE I - Name:

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

ARTICLE II - Address:

The mailing address of the Limited Liability Company is:

3053 Harvest Moon Drive
Palm Harbor, Florida 34683

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

3053 Harvest Moon Drive
Palm Harbor, Florida 34683

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

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

MARK G. SIMPSON.
3053 Harvest Moon Drive
Palm Harbor, Florida 34683

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

ARTICLE IV - Management (Check box if applicable):

FILED
05 DEC - 1 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ The Limited Liability Company is to be managed by one manager and is, therefore, a manager - managed company. The name and address of the manager are:

MARK G. SIMPSON.
3053 Harvest Moon Drive
Palm Harbor, Florida 34683

ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Liability Company Act, no member of the Limited Liability Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

ARTICLE VI — Indemnification:

Pursuant to 608.4229, the Limited Liability Company shall have the power to indemnify any member or manager, or any former member or manager, to the full extent permitted by law from and against any and all claims whatsoever.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 30 day of NOV, 2005.



Mark G. Simpson

(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.)

STATE OF FLORIDA

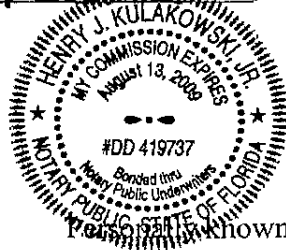
)

) ss:

COUNTY OF PINELLAS

)

The foregoing instrument was acknowledged before me this 30th day of November, 2005, by Mark G. Simpson.



Henry J. Kulakowski, Jr.
Notary Public Name: Henry J. Kulakowski, Jr.
State of Florida at Large
My commission expires:

Person known: _____ OR Produced I.D.: ☒

Type of Identification Produced: Fla Drivers Lic