(U60000003636

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	<u></u>
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



200062743672

01/10/06--01003--004 **125.60

SECRETARY OF STALLAHASSEE, FLORIDA

1 UG 3634

It 1-00

SimplyEZ, LLC

9526 Argyle Forest Blvd. Ste B2-312 Jacksonville, FL 32222 Tel: 1-904-282-3000

EIN: 20-0710457

Wednesday, January 04, 2006

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Inre: Articles of Organization and check

Please find attached Articles of Organization and check for SimplyEZ, LLC, which is a Pennsylvania company transferring that is starting operations in Florida, with an effective starting date of January, 01, 2006.

Please contact me with any questions.

Regards,

Juan Martinez,

SimplyEZ, LLC

Tel: 1-904-282-3000 Fax: 1-484-229-0703

www.simplyez.com

e:mail: imartinez@simplyez.com

SECRETARY OF STALL ANASSEE, FLORING

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
SIMPLY EZ, 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: Mailing Address:
9526 ARGYLE FOREST BLUD STEBZ-312 SAME JACKSONVILLE, FLBZZZZ
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:
JUAN F. MARTINEZ BOR
Hotel attract address (R.O. Roy NOT accountable)
Florida street address (P.O. Box NOT acceptable)
UKANGEIAM, FL 32065.

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 (REQUIRED)

City, State, and Zip

(CONTINUED)
Page 1 of 2

-T/10te

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	JUAN F. MARTINEZ 462 CHARVIGUS C BRANGE PARK, FLZ
	(Use attachment if necessary)
TIONAL) an effective date is listed, the date must iness days prior to or 90 days after the da	be specific and cannot be more than five ate of filing.)
REQUIRED SIGNATURE: JUAN M	Marting
Signature of a member or an au	thorized representative of a member.
of this document constitutes an af that the facts sta	408(3), Florida Statutes, the execution firmation under the penalties of perfury ated herein are true.)
JUAN F. L	1 ARTINE Z TO TO THE MEDICAL TO THE
Filing Fees:	REL O

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)