L06000068761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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07/06/06--01003--028 **130.00

EXAMINER'S INITIALS DATE 6/29/06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL -6 AM 8:39

W06-30547

Eff. Date

B. Tedlock JUL 10 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REPLICATIONS, 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:

RICK SIMPSON
(Name of Person)

REPLICATIONS, LLC
(Firm/Company)

1007 NE 14th Street
(Address)

OCALA, FL 34470
(City/State and Zip Code)

For further information concerning this matter, please call:

RICK SIMPSON at (352) 369-4400
(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)

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2006

RICK SIMPSON
REPLICATIONS, LLC
1007 NE 14TH ST.
OCALA, FL 34470

SUBJECT: REPLICATIONS, LLC
Ref. Number: W06000030547

We have received your document for REPLICATIONS, 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 6, 2006. Please amend your document accordingly.

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) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 106A00044507

REPLICATIONS FAX COVER SHEET

DATE: 7/11/06

Send to:	From: Rick Simpson
Attention: Brenda	Number of Pages, Including Cover: 4
Phone Number:	Phone Number:
Fax Number: (850) 245-6030	Fax Number:

❑ URGENT ❑ REPLY ASAP ❑ PLEASE COMMENT ❑ PLEASE REVIEW ❑ FOR YOUR INFORMATION

COMMENTS:

Following are the Articles of Organization pages with the corrected date.

Thank you for your assistance in this matter.

Rick Simpson
Replications

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL -6 AM 8:39

RECEIVED
06 JUL 12 AM 7:26
DIVISION OF CORPORATION

REPLICATIONS Copy & Print Services
1007 N.E. 14th Street, Ocala, Florida 34470
Tel: 369-4400 | Fax: 369-4411
e-mail:replications@earthlink.net

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

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

06 JUL -6 AM 8:39
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
1007 NE 14th Street	1007 NE 14th Street
OCALA, FL 34470	OCALA, FL 34470

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:

EFFECTIVE DATE: 6/29/06

RICHARD SIMPSON
Name

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

OCALA FL 34472
City, State, and Zip

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..

Richard J. Simpson
Registered Agent's Signature (REQUIRED)

(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	RICK SIMPSON 8 ALMOND WAY OCALA, FL 34472
MGRM	JOE CURRAD 7281 SE 110 ST RD BELLEVIEW, FL 34420

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JUNE 29, 2006. (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:

Richard J. Simpson
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.)

RICHARD J. SIMPSON
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)