

L060000095653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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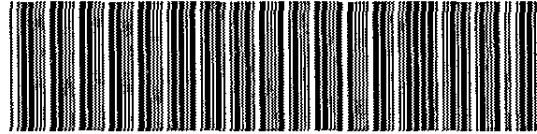
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stephen D. Simon, L.L.C.
(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:

Stephen D. Simon
(Name of Person)

Stephen D. Simon, L.L.C.
(Firm/Company)

209 Rose Trail
(City/State and Zip Code)

Hollister FL 32147
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen D. Simon at (321) 848-0453
(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:

Stephen D. Simon, L.L.C.

ARTICLE II

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

PO Box 1452
Interlachen, Florida 32148

The street address of the principal officer of the Limited Liability Company is:

209 Rose Trail
Interlachen, Florida 32148

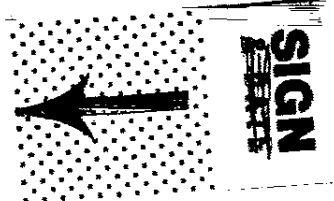
ARTICLE III-Registered Office, & Registered Agent's Signature:

Stephen D. Simon
209 Rose Trail
Interlachen, Florida 32148

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, Florida Statutes.


Stephen D. Simon

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TALLAHASSEE, FLORIDA



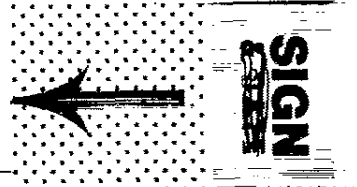
ARTICLE IV - MANAGER

The name and address of each Manager is as follows:

Stephen D. Simon
PO Box 1452
Interlachen, Florida 32148



Stephen D. Simon



(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.)

Printed name of signee: Stephen D. Simon