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## **COVER LETTER**

Division of Corporations	
SUBJECT: Simple BUSINESS SERVICES, UC (Name of Limited Liability Company)	
(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:	
Billy C. Miller (Name of Person)	
(Name of Person)	
Simple Business Selvices, LLC (Firm/Company)	
2766 Pebble Beach Or. (Address)	
(Address)	
Mavare, Fr 3256 6 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Billy C Miller at (850) 621-5433 (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Status} \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ (additional cop	&
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 Comp	any is:
Simple BusiNess	Services, LLC y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
(Must end with the words "Limited Liability Compan	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Billy C Miller	2766 Pebble Banch or Navare, F
The name and the Florida street address  Billy C  Florida  Florida  MAJULYA	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:  Name  Abble Beach or street address (P.O. Box NOT acceptable)  FL 32764  N, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:
MGRM		Bily C. Miller 2766 Pebble Bouch Dr. Navarre, Pl 32566
(Use attachmer	nt if necessary)	
LE V: Effectiv fective date is I days after the	e date, if other than the isted, the date must be date of filing.)	date of filing: <u>U/23/07</u> . (OPTION e specific and cannot be more than five business d
LE V: Effectiv fective date is I days after the	e date, if other than the isted, the date must be date of filing.)	e specific and cannot be more than five business d
LE V: Effectiv fective date is I days after the	e date, if other than the isted, the date must be date of filing.)  GIGNATURE:	e specific and cannot be more than five business d
(Use attachmer LE V: Effective fective date is I days after the REQUIRED S	e date, if other than the isted, the date must be date of filing.)  GIGNATURE:  Signature of a member (In accordance with second	e specific and cannot be more than five business of the control of
LE V: Effectiv fective date is I days after the	e date, if other than the isted, the date must be date of filing.)  SIGNATURE:  Signature of a member of this document constitute the facts stated in the interest of the constitution of	e specific and cannot be more than five business of the control of