

L10VVVVU92329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

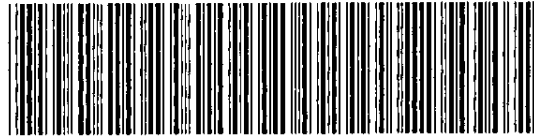
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800184983888

09/02/10--01003--006 \*\*125.00

RECEIVED  
10 SEP - 2 AM 9:54  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
10 SEP - 2 AM 10:40  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

SEP 2 2010

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP -2 AM 10:40

**CONTACT:** Kim Weidenbach

**DATE:** 09/02/10

**REF. #:** 002144.131211

**CORP. NAME:** SO SIMPLE, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 536 445 **FOR \$** 125.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
SO SIMPLE, LLC**

---

The undersigned, being authorized to execute and file these Articles of Organization of **SO SIMPLE, LLC** (the "Limited Liability Company"), hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company is:

**So Simple, LLC**

**ARTICLE II — Address:**

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

1031 Ives Dairy Rd. Suite 228  
Miami, Florida 33179

**ARTICLE III — Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV — Registered Agent:**

The name and address of the registered agent for service of process in the state shall be:

Derek J. Hodes  
1031 Ives Dairy Rd. Suite 228  
Miami, Florida 33179

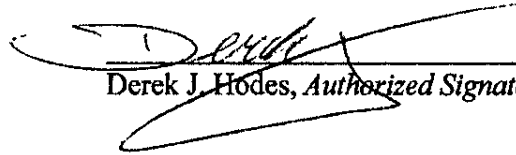
**ARTICLE V — Management:**

The Limited Liability Company will be a member-managed company.

\*\*\*\*\*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP -2 AM 10:40

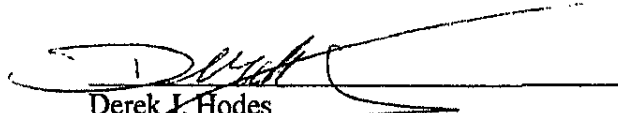
**IN WITNESS WHEREOF**, the undersigned, as an Authorized Signatory, has executed the foregoing Articles of Organization as of this 1st day of September, 2010.

  
Derek J. Hodes, *Authorized Signatory*

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**SO SIMPLE, LLC**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, Florida Statutes.*

  
Derek J. Hodes

Dated: September 1, 2010