11000001754

(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:
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MAR 15. 2011
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SIMPLY ORGANIZED OF NAPLES 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:	
NANCY B. WEILEN MANN Name of Person	
// Name of Person	
SIMPLY ORGANIZED Firm/Company	
Firm/Company	
8650 ERICE CT Address	
. Address	•
NAPLES, FC 34114 City/State and Zip Code	
City/State and Zip Code	
Manay 1 gruezicaol. com Final address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mame of Person at (239) 530 1600 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 \$\times \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$ Certified Copy (additional copy is enclosed)	0
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Caddress Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Caddress Registration Section Division of Corporations Clifton Building Clifton Building Tallahassee, FL 32301 Evelope Evelope Tallahassee, FL 32301	essel Rad Convini Ls. 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
8650 ERICE CT NAPLES, FL 34114 NAPLES, FL 34114
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:
NANCY B. WEILENMANN Name
8650 ERICE CT Florida street address (P.O. Box NOT acceptable)
NAPLES FL 34/14 City, State, and Zip
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 a 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)
As -
(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	NANCY B. WEILENMANN 8650 ELILE CA NAPLES R 34114
MGRM	THOMAS WEILENMANN 8650 ERICE CT NAPLES, FZ 34114
	· · · · · · · · · · · · · · · · · · ·
	e date of filing: (OPTIONA be specific and cannot be more than five business da
REQUIRED SIGNATURE:	
Mary &	Decleman er or an authorized representative of a member.
Signature of a memb	

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)

Typed or printed name of signee