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SECKLOARY OF STATE
ALLAHASSEE, FLORIDA

B. BOSTICK
MAY 1 6 2011

EXAMINER

COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	T: Simply Sold LLC Name of Limited Liability Company	
The enclos	osed Articles of Organization and fee(s) are submitted for filing.	
Please retu	urn all correspondence concerning this matter to the following:	
	Elizabeth Barber Name of Person	
	Simply Sold LLC Firm/Company	
***********	330 US Hwy 27 Noah, Suite 1 PG =	<u>;</u>
	Sebring, FL 33870 City/State and Zip Code	
	SIMPLY SOLD PLAY @ QMAIL (OM) E-mail address: (to be used for future abdual report notification)	
For further	er information concerning this matter, please call:	
Elizal	Name of Person at (239) 450-1441 Area Code & Daytime Telephone Number	
Enclosed i	is a check for the following amount:	
\$125.00 Fil	iling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:	:			
Simply sold LCC	ility Company, "L.L.C.," or "LLC.")			
(Must end with the words "Limited Liabi	iity Company, "L.L.C.," or "LEC.")			
ARTICLE II - Address:				
The mailing address and street address of the p	rincipal office of the Limited Lia	ability Cor	npany	is:
Principal Office Address:	Mailing Address:			
330 US Hwy 27 North Suite 1 Sebring, FL 33870	330 US Hwy 27 Suite 1 Sebring, FL 33870	NOM	ı	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)				
The name and the Florida street address of the	registered agent are:	ALLA SECE	≓	`
Elizabeth Br	inder		AY IZ	(Company)
Hmy		m. m.	T)))))
330 US^27 No Florida street add	dress (P.O. Box <u>NOT</u> acceptable)	. FLO	ğ: β:	Transac Transac
Sebring City, St	FL 33870 ate, and Zip	ATE RIDA	59	
Having been named as registered agent and to	accent service of process for the a	ahove state	ed limi	ted

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

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Elizabeth Barber 330 US Hury 27 North, Su Selving, FL 33870	ite
	Al Si	- - -
	F177	MAY 12 A
(Use attachment if necessary)	TO RAIL	AM 8: 59
	date of filing: N/A. (OPTIONALE specific and cannot be more than five business day	
REQUIRED SIGNATURE:		

Elizabeth Barb

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Elizabeth Barber
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)