# L11000074749

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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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C. LEWIS

JUN 2 8 2011

EXAMINER

### **COVER LETTER**

TO:

Registration Section

Division of Corporations	.x
SUBJECT: DMW SIMPLE	FIJEE
Name of Lin	nited Liability Company
The enclosed Articles of Organization and fee(s) as	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
ROBIN DA	ALLY
DMW SI	MPLELIFE
	Firm/Company
DO BOX	568981
	Address
OPLANDO	FLORIDA 32856 City/State and Zip Code FUFE D HOTMAIL. COM
<del></del>	City/State and Zip Code
VMW, SIMPU	EUFE W HOTMAIL COM  In for future annual report notification)
For further information concerning this matter, plea	N/an
ROBIN DAILY	at (407) 929 - 6968  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 \$\sqrt{130.00 Filing Fee &}	\$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status &
,	(additional copy is enclosed) Cértified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section
Division of Corporation	s Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	•
DMW SIMPLE L	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the part of th	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2005 E. GRANT	P.O. BOX 568981
OPLANDO FL 32806	OPLANDO, FL 32856
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the	istered Agent. You must designate an individual or another
CAPOVE WAT	ALL ANALYSIS STATE OF THE ANALYSIS STATE OF
2005 E. GP	
^ -	Iddress (P.O. Box NOT acceptable)
City, S	State, and Zip
liability company at the place designated in	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of al.

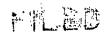
Registered Agent's Signature (REQUIRED)

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.

(CONTINUED)

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

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



e en .

Name and Address:	2011 JUN 24 AM ID:
,	.3 UNE MARY ST. 5 M MULAHASSEELFLOR
ZOBIN DAILY 3700 LAKE UNDER ORLANDO FL 3	HIU RD 12803
	AM AVE 32812
	91T ST 32806
date of filing:	. (OPTIONAL)
specific and cannot be more tha	
	3700 LAKE UNDER OPLANDO FL 3 NORX MILES 7380 FULCPU OPLANDO FL 3 CAROLE WADE 2005 E. GRA OPLANDO FL

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.)

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)