

L12000101015

Division of Corporations

Page 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000198591 3)))



H120001985913ABC3

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.  
Account Number : 075410002172  
Phone : (239) 344-1100  
Fax Number : (239) 344-1200

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
12 AUG -6 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
SIMON SAYS YES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED  
12 AUG 6 AM 7:17  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 6 AM 7:17

FAX AUDIT NO.: H12000198591 3

**ARTICLES OF ORGANIZATION  
OF  
SIMON SAYS YES, LLC**

**ARTICLE I-NAME**

The name of the limited liability company shall be SIMON SAYS YES, LLC (the "Company").

**ARTICLE II-MAILING AND STREET ADDRESS**

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

6205 Saint Andrews Circle North  
Fort Myers, Florida 33919

**ARTICLE III-EFFECTIVE DATE**

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

**ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company are:

<u>Name</u>	<u>Address</u>
MICHAEL L. NENNINGER	6205 Saint Andrews Circle North Fort Myers, Florida 33919

**ARTICLE V-PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

**ARTICLE VI-MANAGEMENT OF THE COMPANY**

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the name and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

FAX AUDIT NO.: H12000198591 3

FAX AUDIT NO.: H12000198591 3

NameAddress

MICHAEL L. NENNINGER

6205 Saint Andrews Circle North  
Fort Myers, Florida 33919ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being a Member of the Company, has executed these Articles of Organization this 30<sup>th</sup> day of July, 2012.

  
MICHAEL L. NENNINGER  
Member12 AUG 16 AM 7:17  
F.L.D.P.  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FAX AUDIT NO.: H12000198541 3

FAX AUDIT NO.: H12000198591 3

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: SIMON SAYS YES, LLC.
2. The name and address of the registered agent and office are:

Michael L. Nenninger  
6205 Saint Andrews Circle North  
Fort Myers, Florida 33919

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.

  
MICHAEL L. NENNINGER  
Registered Agent

FAX AUDIT NO.: H12000198591 3

12 AUG 6 AM 7:17  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS