## L12000/0/38/

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/	Phone #)				
PICK-UP WA	IT MAIL				
(Business Enti	ty Name)				
(Document Nu	mber)				
Certified Copies Certif	icates of Status				
Special Instructions to Filing Officer:					





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08/06/12--01050--003 \*\*125.00

SECRETARY OF STATE

D. BRUCE

AUG 0 7 2012

**EXAMINER** 

### **COVER LETTER**

TO:	Registration Division of	a Section Corporations					
SUBJE	ECT: Ama	ında Simmons Ası			<del></del>		
		Name of Limi	ted Liability Compa	ıny			
The en	closed Articles	of Organization and fee(s) are	submitted for filing	<b>;</b> .			
Please	return all corre	spondence concerning this mat	tter to the following	:			
	Amanda	a Simmons	·			_	
	<b>A</b>		Name of Person				
	Amar	rda Simmons	Associa	tes		_	
			Firm/Company				
	504 Cur	nmings Street				_	
			Address				
9	Sarasota.	FL 34242				JAI 38	12
•			ty/State and Zip Code			CRE	E
_	cassel50@	mac.com				ETARY	9-6
	· · ·	E-mail address: (to be used	for future annual repor	t notification)		SE	
For furt	ther informatio	n concerning this matter, please	e call:		~04	L OF	P
Amar	nda Simme	ons	202	487-7	881	107 41.S	
		e of Person	at (202 Area Code	338-5147 & Daytime Tele	phone Number		25
		·		•	•	7.	
Enclose	ed is a check	for the following amount:					
<b>7]\$</b> 125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Cop (additional copy	y —	\$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	Registratio Division o Clifton Bu 2661 Exec	f Corporations			

# 12 AUG -6 PM 1: 2

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Amanda Simmons Associates, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 504 Cummings Street Sarasota, FL 34242 Sarasota, FL 34242

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:

**ARTICLE II - Address:** 

Amanda Simmons

Name

504 Cummings Street

Florida street address (P.O. Box NOT acceptable)

Sarasota

FL 34242

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 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..

Productor R. Simmas

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:	
MGR	Amanda Simmons 504 Cummings Street Sarasota, FL 34242	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the c	date of filing: (OPTIO	
REQUIRED SIGNATURE:		SECRETAR VLLAHASS
(In accordance with section 608.4	or an authorized representative of a member.	Y OF STAI EE, FLORII
constitutes an affirmation under	the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State	IDA :

constitutes a third degree felony as provided for in s.817.155, F.S.)

**Amanda Simmons** 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)

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