

10/26/12

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

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

Email Address: ssimmons85939@hotmail.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.**

**Steve Simmons LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
OCT 29 2012

H12000258679

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Steve Simmons 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:

8520 Renee Circle

8520 Renee Circle

Milton, FL 32583

Milton, FL 32583

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Stacey Simmons

Name

6520 Renee Circle

(P.O. Box or Mail Drop Box NOT Acceptable)

Milton, FL 32583

(City / State / Zip)

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*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 - Stacey Simmons

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

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

**Title:**

"MGR"= Manager

"MGRM"= Managing Member

**Name and Address:**

MGRM

Steve A. Simmons - 6520 Renee Circle, Milton, FL 32583

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or 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. )

Steve A. Simmons

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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