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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: **Registration Section Division of Corporations** SIMERIS ALLIANCE, LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: M. Cleveland Name of Person Firm/Company 2764 Orange Grove Trail Address Naples, FL 34120 City/State and Zip Code simerisalliance@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: M. Cleveland Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:		
SIMERIS ALLIANCE, LLC			
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
2764 Orange Grove Trail	2764 Orange Grove Trail		
Naples, FL 34120	Naples, FL 34120		
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address M. Cleveland	Name		
2764 Orange Grove To	rail street address (P.O. Box <u>NOT</u> acceptable)		
Naples	34120		
, , , , , , , , , , , , , , , , , , ,	City, State, and Zip		
liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and a and accept the obligations of my position.	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as a scapacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with on as registered agent as provided for in Chapter 608, F.S		

(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:

MGRM	M. Cleveland 2764 Orange Grove Trail
	Naples, FL 34120
MGRM	S. Cleveland
	2764 Orange Grove Trail Naples, FL 34120
(Use attachment if necessary)	
	he date of filing: 07/04/2013 (OPTIONA set be specific and cannot be more than five business

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.)

M. Cleveland

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)

Page 2 of 2

FILED

13 JUL -8 AM II: 31

SECRELARY OF STATE
AND ASSESSED FOR THE PROPERTY OF THE PROPERTY O