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COVER LETTER

TO: Registration Section **Division of Corporations** The Simplus Group, 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: Scott A. Joseph, Esq. Name of Person Joseph & Joseph Firm/Company 189 Wells Avenue, Suite 200 Newton, Massachusetts 02459 City/State and Zip Code admin@josephlawoffice.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: S Cu Scott A. Joseph, Esq. Enclosed is a check for the following amount: ■\$125.00 Filing Fee **Q\$130.00** Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	is:			
The Simplus Group, LLC				
(Must end with the words "Limited Li-	ability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the	principal office of the Limited Lial	bility Con	pany	is:
Principal Office Address:	Mailing Address:			
150 2nd Avenue North	SAME			
Suite 1250-103				
St. Petersburg, FL 33701				
The name and the Florida street address of the		ALL AND S	13 OCT -	शम्बद्धाः स्टब्स् स्टब्स्ट्राम्बद्धाः स्टब्स्ट्राम्बद्धाः
Ida	isc	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		iji ja
150 2nd Avenue North, Suite 12				1
	address (P.O. Box NOT acceptable)	5	Ģ	Terrana (
St. Petersburg	FL 33701		55	
City,	State, and Zip	J.		
Having been named as registered agent and liability company at the place designated is registered agent and agree to act in this cap all statutes relating to the proper and compand accept the obligations of my position as	in this certificate, I hereby accept the acity. I further agree to comply with lete performance of my duties, and i	e appointn h the prov l am famil	nent a isions iar wi	s of th

(CONTINUED)

Page 1 of 2

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	James Hilton
	610 Boca Clega Isle Drive
	St. Pete, FL 33706
	·
(Use attachment if necessary)	
LE V: Effective date, if other than the ffective date is listed, the date must	t be specific and cannot be more than five busine
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)	t be specific and cannot be more than give busines
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five busines 713 The an authorized representative of a member.
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LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filling.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	t be specific and cannot be more than five busines The an authorized representative of a member. A08(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In a document to the Department of State as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the flective date is listed, the date must or 90 days after the date of filing.) REOUIRED SIGNATURE: Signature of a member of a may after that any false information under a may aware that any false information constitutes a third degree felony	t be specific and cannot be more than five busines The an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In a provided for in s.817.155, F.S.) James Hilton
Signature of a member of a mem	t be specific and cannot be more than five busines 1.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Institute in a document to the Department of State as provided for in s.817.155, F.S.) James Hilton ped or printed name of signee

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Page 2 of 2