

L14000101890

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(Address)

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(Business Entity Name)

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EFFECTIVE DATE 07-01-14

06/25/14--01031--007 \*\*160.00

2014 MAY 25 PM 5:30

311690

B. BOSTICK

JUN 25 2014

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SimplePay BENEFITS 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:

JOSE MIGUEL GARCIA  
Name of Person  
SimplePay BENEFITS LLC  
Firm/Company  
4444 SW 71 AVE Suite 112  
Address  
Miami, FLA 33155  
City/State and Zip Code  
JOSE @ CDFSIMPLEPAY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE MIGUEL GARCIA at (305) 722-5040  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee  
☐ \$130.00 Filing Fee & Certificate of Status  
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☒ \$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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
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:

SimplePay Benefits "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:

Principal Office Address:

4444 SW 71 AVE SUITE 112  
MIAMI, FL 33155

Mailing Address:

4444 SW 71 AVE SUITE 112  
MIAMI, FL 33155

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:

JOSE MIGUEL GARCIA

Name

4444 SW 71 AVE SUITE 112

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

MIAMI FL 33155

City

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 605, F.S..

Jose Miguel Garcia

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

JOSE MIGUEL GARCIA

4444 SW 71 AVE SUITE 112  
MIAMI, FL 33155

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JULY 1, 2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Jose Miguel Garcia

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

JOSE MIGUEL GARCIA

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)

FILED  
NOV 25 5:30  
2014  
CLERK OF CIRCUIT COURT  
MIAMI, FL