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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cid	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECREDARY OF STATE
WALLANASSET FLARING

J. Shivers NOV 2 0 2019

COVER LETTER

TO:	Registration Section Division of Corporations		·
SUBJ	ECT: <u>Simply Sincere, LLC</u> Name of I	Limited Liability Company	
The er	nclosed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	Patricia Emerson	Name of Person	
	Simply Sincere, LLC	Firm/Company	
	13507 Westshire Drive	Address	
	Tampa, FL 33618	City/State and Zip Code	
<u>tri</u>	sha.emerson16@verizon.net E-mail address: (to be u	sed for future annual report notification)
For fur	ther information concerning this matter, p	lease call:	
<u>Patric</u>	Name of Person at	(813) 363-9007 Area Code Daytime Telepho	one Number
	ed is a check for the following amount: 10 Filing Fee \$\sum \$\frac{1}{2}\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy Iditional 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Simply Sincere, 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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13507 Westshire Drive Tampa, FL 33618	13507 Westshire Drive Tampa, FL 33618
	7ampa, 1 c. 550 10
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration.) The name and the Florida street address of the registered a	Registered Agent. You must designate an individual or i.)
The name and the Fiorida street address of the registered a	agent are:
<u>Patricia Emerson</u> Name	
Name	
13507 Westshire Drive Florida street address (P.O. Box	NOT acceptable)
Tampa	FL 33618
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblig	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
Latricia Emers	m Z
Registered Agent's Signatu	ire (REQUIRED)
(CONTINUE	D)
Page 1 of 2	000

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Patricia Emerson
	13507 Westshire Drive
	Tampa, FL 33618
AMBR	Glenn Emerson
) (IAID) (13507 Westshire Drive
	Tampa, FL 33618
	Tampa, 1 12 000 10
ective date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the ective date is listed, the date must bof filling.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d
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