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PICK-UP	, WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
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Special Instructions to	Filing Officer:	
		

Office Use Only

EFFECTIVE DATE 01/01/15



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PALLAHASSEE FLORIDA

JAN'19 2015 BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Simpson 5 Cleaning L.L.C. 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:	
Wilber Brent Simpson Name of Person	
Jimpson's Cleaning Firm/Company	
3601 76th Street North	
5+. Pete, F1. 23710 City/State and Zip Code	
5 impsons clean@ Yahoo, com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	214
Name of Person at (727) 946-0384 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:	DEC 30
Enclosed is a check for the following amount:	3 1
Enclosed is a check for the following amount: \$\Begin{array}{c} \text{\$125.00 Filing Fee & Certificate of Status} \text{\$Certified Copy (additional copy is enclosed)} \$Certified Copy (S ()

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

Mailing Address:

57 MPSON'S Cleaning L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

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

Wilber Brent Simpson
Name

ARTICLE 1 - Name:

ARTICLE II - Address:

Principal Office Address:

EFFECTIVE DATE 0401415

The name of the Limited Liability Company is:

another business entity with an active Florida registration.)

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

Name
3601 76th Street North Florida street address (P.O. Box NOT acceptable)
St. Pete FL 33710 City Zip
daving 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
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2 Page

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	_
WOK Windiage	Wilber Simpson
	3601 76th Street North
_	5t, fele, E. 3,710
AMBR	
THE STATE OF THE S	
(Use attachment if necessary)	
(Use attachment if necessary)	1.1.
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E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: (In accordance with section	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member.

Filing Fees:

Wil Bor Bourt Simpson
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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PILED
204 DEC 30 PH 2: 50
SEGRETARY OF STATE
TAIL AHASSEE FLORIDA