

L1500003.9367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200268085742

01/20/15--01061--012 \*\*125.00

FILED  
2015 MAR -3 10:54  
TALLAHASSEE, FL 32304

N. Gulligan MAR 4 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SUDS MACHINE, 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:

**FOREST VIRGIL SIMPSON**  
Name of Person

**SUDS MACHINE, LLC**  
Firm/Company

**811 NW 1ST STREET**  
Address

**FT. LAUDERDALE, FL 33301**  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Millien LeBlanc & Simpson, PLLC** at ( **561** ) **459-3655**  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2015

FOREST VIRGIL SIMPSON  
811 NW 1ST STREET  
FT. LAUDERDALE, FL 33301

SUBJECT: SUDS MACHINE, LLC  
Ref. Number: W15000006660

RECEIVED  
DIVISION OF CORPORATIONS  
INFORMATION SERVICES  
FEB 23 2015 10:03 AM

We have received your document for SUDS MACHINE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 415A00001869

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SUDS MACHINE, 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:

Forest V Simpson

Name of Person

SUDS MACHINE, LLC

Firm/Company

6051 N Ocean Drive #704

Address

Hollywood, FL 33019

City/State and Zip Code

fvsimpsn@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Forest Simpson

Name of Person

at ( 954 ) 818-1070

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:

SUDS MACHINE, 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:

811 NW 1st Street  
Fort Lauderdale, FL 33311

Mailing Address:

6051 N Ocean Dr  
#704  
Hollywood, FL 33019

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:

Forest V Simpson  
Name  
6051 N Ocean Dr #704  
Florida street address (P.O. Box **NOT** acceptable)  
Hollywood FL 33019  
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.*

Forest V Simpson  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2015 MAR -3 AM 10:56  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

P \_\_\_\_\_

S \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Forest V Simpson \_\_\_\_\_

6051 N ocean Dr #704 \_\_\_\_\_

Hollywood, FL 33019 \_\_\_\_\_

Stella F Simpson \_\_\_\_\_

6051 N Ocean Dr #704 \_\_\_\_\_

Hollywood, FL 33019 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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:**

*Forest V Simpson*

**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.)

Forest V Simpson \_\_\_\_\_

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  
2015 MAR -3 AM 10:54  
FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA