# L15000039367

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## COVER LETTER

TQ:	Registration Section Division of Corporations	•
	STIDS MACHINE 11 C	
SUBJE	~··	ed Liability Company
The enc	losed Articles of Organization and fee(s) are	submitted for filing.
Please r	eturn all correspondence concerning this matt	er to the following:
	FOREST VIRGIL SIMPS	ON
_		Name of Person
	SUDS MACHINE, LLC	
_		Firm/Company
_	811 NW 1ST STREET	
_		Address
E	T. LAUDERDALE, FL 33301	
_	Cir	y/State and Zip Code
_	E-mail address: (to be used f	or future annual report notification)
For furt	ner information concerning this matter, please	call:
Millie	n LeBlanc & Simpson, PLLC	at ( 561 ) 459-3655
	Name of Person	Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:	
<b>▼</b> \$125.00	Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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

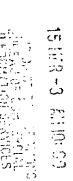


### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2015

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

SUBJECT: SUDS MACHINE, LLC Ref. Number: W15000006660



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
SUBJ	ECT: SUDS MACHINE, LLC
	Name of Limited Liability Company
	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
_fv	simpsn@bellsouth.net E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Fores	Name of Person at ( 954 ) 818-1070  Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125.0	O Filing Fee Status Sta

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	X:	
SUDS MACHINE, LLC (Must end with the words	s "Limited Liability Company, "L.L.C.," or "LLC.")	
(Musicina William Words	s Earned Elability Company, E.E.C., or EEC. )	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
811 NW 1st Street	6051 N Ocean Dr	
Fort Lauderdale, FL 33311	#704 Hollywood, FL 33019	
The name and the Florida street address of the		29
Forest V Simpson	Name	015
0054 N O D . #3	<u>≦</u>	E TI
6051 N Ocean Dr #7 Florida street address	(P.O. Box NOT acceptable)	3
	in the second se	ω h
<u>Hollywood</u> City	FL 33019 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
City	Zip	<u>~</u>
the place designated in this certificate, I her capacity. I further agree to comply with the p	o accept service of process for the above stated limited liability of reby accept the appointment as registered agent and agree to a provisions of all statutes relating to the proper and complete percept the obligations of my position as registered agent as providing Chapter 605, F.S	ct in this rformance
Forest	ent's Signature (REQUIRED)	
Registered Age	ent's Signature (REQUIRED)	

Page 1 of 2

(CONTINUED)

Forest V Simpson 6051 N ocean Dr #704 Hollywood, FL 33019 Stella F Simpson 6051 N Ocean Dr #704 Hollywood, FL 33019
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6051 N Ocean Dr #704 Hollywood, FL 33019
Hollywood, FL 33019
(OPTIONAL)
Simpson
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n authorized representative of a member.  (b). Florida Statutes, the execution of this document to the periment of State ded for in s.817.155, F.S.)
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ARTICLE IV-