

LI5000064522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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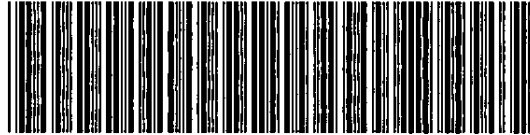
(Business Entity Name)

(Document Number)

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

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15 MAR 23 AM 11:53  
STATE OF MISSISSIPPI  
TOLSON

APR 14 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 2, 2015

ALAN SIMPSON  
399 NE 44TH ST  
BOCA RATON, FL 33431

SUBJECT: MAINE-LY MIRROR LLC  
Ref. Number: W15000022976

We have received your document for MAINE-LY MIRROR 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 list the complete principal office address.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 415A00006563

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Maine-ly Mirror 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:

Alan D. Simpson  
Name of Person

Maine - ly Mirror  
Firm/Company

399 N.E. 44<sup>th</sup> St.  
Address

Boca Raton, Fl. 33431  
City/State and Zip Code

Shellybysea@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Simpson at ( 954 ) 829-0525  
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:

Maine-Iy Mirror, L.L.C.

(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:101 SE 7<sup>th</sup> St. #15  
Deerfield Beach, FL 33441Mailing Address:399 NE 44<sup>th</sup> St.  
Boca Raton, FL 33431

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Alan D. Simpson

Name

399 NE 44<sup>th</sup> St.Florida street address (P.O. Box NOT acceptable)Boca Raton FL 33431

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.

Alan D. Simpson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 MAR 23 AM 11:53  
MAINE-IY MIRROR, L.L.C.  
Boca Raton, FL 33431

**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:**Alan D. Simpson399 NE 44th St.Boca Raton, FL 33431

(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:**

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.)

Alan D. Simpson

Typed or printed name of signer

**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)

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