

L150000083475

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000115880 3)))



H150001158803ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Tax Number : (850) 617-6383

From:
Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.
Simco Innovations, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2015 MAY 12 A 8:48

FILED

15 MAY 12 7:10:00

51315
TSS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

ARTICLE I. NAME

The name of the limited liability company shall be:

Simco Innovations, L.L.C.

ARTICLE II. ADDRESS

The principal place of business of this limited liability company shall be:

662 51st Ave. North, Saint Petersburg, FL 33703

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE:

The name and address of the registered agent and office
is Scott Simon, 662 51st Ave. North,
Saint Petersburg FL 33703

SIGNATURE

TITLE

DATE

Manager

5/12/15

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 605, Florida Statutes.

SIGNATURE

DATE

Scott Simon
5/12/15

ARTICLE IV. MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Manager

Scott Simon

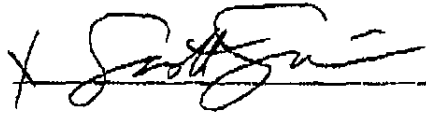
662 51st Ave. North

Saint Petersburg, FL 33703

CLERK OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 12 A 8:48

FILED

X 

Signature of a member or an authorized representative of
a member.

(In accordance with section 605.0203, Florida Statutes,
the execution of this document constitutes an
affirmation under penalties of perjury that the facts
stated herein are true.)

Scott Simon

Typed or printed name of signer

2015 MAY 12 A 8:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED