L15 000/05818

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(City/State/Zip/Phone #)
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15 JUN 22 PM 12: 3

SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

	tegistration Division of C	Section orporations			
SUBJECT	SIMO IN	IVESTMENTS, LLC			
Sobole	· •	Name	of Limited Lia	ability Company	
The enclos	sed Articles o	of Organization and fe	e(s) are submi	tted for filing.	
Please retu	ırn all corres	pondence concerning t	his matter to t	he following:	
		S	IMONA ZIM	ERMAN	
			Name	e of Person	
					
			Firm	/Company	
		11111 BISCA	YNE BOULE	VARD, UNIT 1228	
			A	ddress	
		MI	AMI, FL. 331	81	
			-	and Zip Code	_
			nazimerman I (
		E-mail address: (to be	e used for futu	re annual report notificat	tion)
For further i	nformation o	oncerning this matter,	please call:		
	Cristina Zie	egert	786 at (413-7170	
	Na	me of Person	Area Cod	e Daytime Telephor	ne Number
Enclosed i	s a check for	the following amount	:		
\$125.00 F	iling Fee	\$130.00 Filing Fee Certificate of Stat	us Cer	55.00 Filing Fee & tified Copy ional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	3.6.21			G(, , , ,))	

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street 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 Comp	oany is:		
SIMO INVESTMENTS, LL			
(Must end with the	words "Limited L	iability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal offi	ce of the Limited	Liability Company is:
Principal Offic	e Address:		Mailing Address:
11111 Biscayne Boulevard, Miami, Fl. 33181	Unit 1228		11 Biscayne Boulevard, Unit 1228 mi, Fl. 33181
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot another business entity with an active F	serve as its own R lorida registration.	egistered Agent.	
The name and the Florida street address	of the registered a	gent are:	
Crist	ina Ziegert		
	Ì	Vame	
<u>_1111</u>	1 Biscayne Bouley	vard, Unit 425	
Flor	ida street address (P.O. Box NOT a	cceptable)
	Miami ·	Florida	33181

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

Page 1 of 2

(CONTINUED)

15 JUN 22 PM 12: 3

Title:	and a simul Manakan	Name and Address:
"AMBK" = A	uthorized Member	
4 3 CDD		SIMONA ZIMERMAN
CLE V: Effective	ent if necessary) e date, if other than the dat	e of filin _k
CLE V: Effective date is the of filing.)	e date, if other than the dat listed, the date must be s	pecific and cannot be more than five business days prior to or 90 da
CLE V: Effective feetive date is the of filing.) If the date insert	e date, if other than the dat listed, the date must be s	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
CLE V: Effective effective date is te of filing.) If the date insercument's effection	e date, if other than the dat listed, the date must be sp ted in this block does not we date on the Departmen rovisions, if any.	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
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CLE V: Effective date is the of filing.) If the date insercument's effection	e date, if other than the date listed, the date must be specified in this block does not be date on the Department rovisions, if any. SIGNATURE: Signature of a magnetic (In accordance with seconstitutes an affirmation I am aware that any false)	meet the applicable statutory filing requirements, this date will not be tof State's records. The presentative of a member. State of State of this document on under the penalties of perjury that the facts stated herein are true. The information submitted in a document to the Department of State of the fellow as provided for in s.817.155, F.S.)
CLE V: Effective effective date is te of filing.) If the date insercument's effecti	e date, if other than the date listed, the date must be specified in this block does not be date on the Department rovisions, if any. SIGNATURE: Signature of a magnetic (In accordance with seconstitutes an affirmation I am aware that any false)	meet the applicable statutory filing requirements, this date will not be tof State's records. The presentative of a member. State of State of this document on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State.

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2015

CRISTINA ZIEGERT 11111 BISCAYNE BOULEVARD, UNIT 425 MIAMI, FL 33181

SUBJECT: SIMO INVESTMENTS, LLC

Ref. Number: W15000039046

We have received your document for SIMO INVESTMENTS, 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):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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) 245-6052.

Letter Number: 215A00011714

Christine Haney Regulatory Specialist II New Filing Section CRETARY OF STATE LANDSSEE, FLORIDA