## L15000151585

(Requestor's Name)
(Address)
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## **COVER LETTER**

	egistration Section vision of Corporations		
CHBIECT		RNET SIMPLE SAGE	
SUBJECT:		Name of Limited Liability Company	
The multi-	-		
	_	and fee(s) are submitted for filing.	
Please retur	n all correspondence conce	erning this matter to the following:	
	WILLIE BENJAMIN PIN	KNEY	
•		Name of Person	
	(KISS) KEEP INTERN	ET SIMPLE SAGE	
		Firm/Company	
	601 NW 15TH. AVENUE		
,		Address	
	POMPANO BEACH, FLO	ORIDA 33069	
v	villie_pinkney@att.net	City/State and Zip Code	
_	E-mail address	(to be used for future annual report notification	on)
For further in	formation concerning this t	natter, please call:	
•	Willie B. Pinkney	954 973-9468 at ( )	
_	Name of Person	Area Code Daytime Telephone	Number
Enclosed is	a check for the following a	mount:	
\$125.00 Fili	ing Fee \$130.00 Fili Certificate		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address Now Filing Section	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2015

WILLIE BENJAMIN PINKNEY 601 NW 15TH AVE POMPANO BEACH, FL 33069

SUBJECT: (KISS) KEEP INTERNET SIMPLE SAGE LLC

Ref. Number: W15000053905

We have received your document for (KISS) KEEP INTERNET SIMPLE SAGE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 615A00016873

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:				
	SIMPLE SAGE LLC.				
(Must end v	vith the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	fice of the Limited	Liability Company is:		
<u>Principa</u>	l Office Address:		Mailing Addres	<u>ss</u> :	
601 NW 15TH. AVE	NUE	601	NW 15TH. AVENUE		
POMPANO BEACH,	FLORIDA 33069	PON	IPANO BEACH, FLORID	E 33069	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	cannot serve as its own l	Registered Agent.	nt's Signature: You must designate an indiv	vidual or	
The name and the Florida street a	ddress of the registered	agent are:		IWLLW SECH	ni ni
	Willie B. Pinkney				
		Name		- SS:	e anatana Marana
	601 NW 15th, Avenue	2		177	ä
	Florida street address	(P.O. Box NOT a	cceptable)	PH I	
	Pompano Beach,	Florida	33069	ONIC LVL	
	City	State	Zip	), A	

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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR / MGR	Willie B. Pinkney
<del></del>	601 NW 15th. Avenue
	Pompano Beach, Florida 33069
	-
<u> </u>	
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(Use attachment if necessary)	
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