

L16000047864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

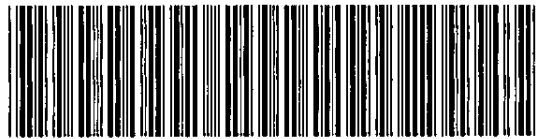
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/10/16--01009--016 **125.00

RECEIVED
SECRETARY OF STATE
16 MAR 10 AM 11:59

APPROVED
AND
FILED
16 MAR 10 PM 12:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVAL
AND
FILED

COVER LETTER

16 MAR 10 PM 12:07

TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: Daniel Groom Simmons 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:

Daniel Simmons
Name of Person

203 Broken Bow trail
Firm/Company
Address

Crawfordville FL 32327
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

____ at (____) _____
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

16 MAR 10 PM 12:07

ARTICLE I - Name:

The name of the Limited Liability Company is:

Daniel Groom Simmons LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

203 Broken Bow trail
Crawfordville FL 32327

Mailing Address:

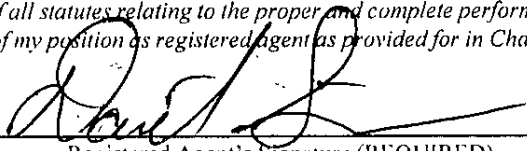
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Daniel Simmons
Name
203 Broken Bow trail
Florida street address (P.O. Box **NOT** acceptable)
Crawfordville FL 32327
City State 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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED
AND
FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company: **16 MAR 10 PM 12:07**

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR
Daniel Simmons

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

203 Broken Bow trail
Crawfordville FL 32327

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/10/16 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Daniel Simmons

Typed or printed name of signee

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)