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COVER LETTER

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| TO: | D: Registration Section Division of Corporations | |
|-------------------|---|---|
| SUBJI | BJECT: SIMAK MARKETING LLC Name of Limited Liability Company | |
| The en | e enclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please | ease return all correspondence concerning this matter to the following: | |
| | SIMONE KELLY Name of Person | |
| | SIMAK MARKETING LLC Firm/Company | |
| | 5617 WASHINGTON STREET #269 | |
| | Address | |
| | HOLLYWOOD, FL 33023 City/State and Zip Code | |
| <u>.s</u> | SIMAKMIA@GMAIL.COM E-mail address: (to be used for future annual report notification) | ion) |
| For fur | r further information concerning this matter, please call: | |
| <u>SIMO</u> | MONE KELLY at (954) 673-37 Name of Person Area Code Daytime Tele | phone Number |
| Enclos | closed is a check for the following amount: | |
| ∄ \$125. 0 | 25.00 Filing Fee \$\text{Certificate of Status}\$ \$\$\subseteq\$\$\$\subseteq\$ | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Cente | ons |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE I Name

| SIMAK MARKETING LLC (Must end with the words "L | imited Liability Company, "L.L.C.," or "LLC.") |
|--|---|
| ARTICLE II - Address; | |
| The mailing address and street address of the princ | cipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 5617 WASHINGTON STREET *E69 | 5617 WASHINGTON STREET #269 |
| HOLLYWOOD, FL 33023 | HOLLYWOOD, FL 33023 |
| | |
| The Limited Liability Company cannot serve as it | ts own Registered Agent. You must designate an individual of istration.) |
| The Limited Liability Company cannot serve as in another business entity with an active Florida region. | ts own Registered Agent. You must designate an individual of istration.) |
| The Limited Liability Company cannot serve as it another business entity with an active Florida region of the regi | ts own Registered Agent. You must designate an individual of istration.) |
| (The Limited Liability Company cannot serve as in another business entity with an active Florida region of the control of the | ts own Registered Agent. You must designate an individual cistration.) istered agent are: |
| (The Limited Liability Company cannot serve as it another business entity with an active Florida region The name and the Florida street address of the reg | ts own Registered Agent. You must designate an individual clistration.) istered agent are: |
| The Limited Liability Company cannot serve as it another business entity with an active Florida region of the name and the Florida street address of the region of the Florida SIMONE KELLY 5617 WASHINGTON S | ts own Registered Agent. You must designate an individual of istration.) istered agent are: |
| (The Limited Liability Company cannot serve as it another business entity with an active Florida region The name and the Florida street address of the region SIMONE KELLY 5617 WASHINGTON S | ts own Registered Agent. You must designate an individual of istration.) istered agent are: |
| another business entity with an active Florida region The name and the Florida street address of the region SIMONE KELLY 5617 WASHINGTON S | ts own Registered Agent. You must designate an individual of istration.) istered agent are: Name TREET **264 |

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)

Page 1 of 2

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager MGR | SIMONE KELLY |
| <u> </u> | 5617 WASHINGTON STREET |
| | HOLLYWOOD, FL 33023 |
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| ective date is listed, the date must be sp | e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. | pecific and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. | pecific and cannot be more than five business days prior to or 90 |
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| E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6) | ember or an authorized representative of a member. 05.02(3)(1) (b), Florida Statutes, the execution of this document |
| E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und | ember or an authorized representative of a member. 205.02(3)(1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. |
| E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und 1 am aware that any false info | ember or an authorized representative of a member. |
| E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a more of | ember er an authorized representative of a member. 05.02(3)(1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.) |
| E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a more of | ember or an authorized representative of a member. 205.02(3)(1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. 21. The penalties of perjury that the facts stated herein are true. 22. The penalties of perjury that the facts stated herein are true. |

SIMAK MARKETING LLC 5617 WASHINGTON STREET HOLLYWOOD, FL

INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of SIMAK MARKETING LLC:

SIMONE KELLY 5617 WASHINGTON STREET HOLLYWOOD, FL 33023

SIMONE KELLY, Organizer

10/21/16 Date