LA 000047075

(Requestor's Name)	
(Address)	
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(6: 10: 17: 10:	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	

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COVER LETTER

TO:

Registration Section

Division of Corporations	
Q: 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0
SUBJECT: SIMPLY LUXURIOUS, LL	<u>.L </u>
Name of Limited Liability Co	mpany
	,
The enclosed Articles of Organization and fee(s) are submitted for fil	ing.
Please return all correspondence concerning this matter to the follow	ing:
Quirut S. Scott Name of Perso	•
Name of Perso	n
SIMPLY LUXURIOUS, LL	<u>C</u>
Firm/Company	4
72.7 Deal Deal	
2307 Portiac Drive	
Address	
TALLAHASSET TI 277	2, \ i
City/State and Zin	Code
armed South (Accel a	· had
TALLAHASSEE, FL 323 City/State and Zip 9 unet. Sout @ amail. Co E-mail address: (to be used for future annual	separt notification)
	report normalition)
For further information concerning this matter, please call:	
5 10 5 At 150	
Name of Person Area Code Da	43-4951
Name of Person Area Code Da	ytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Fili	
Certificate of Status ——Certified Co	
(additional cop.	(additional copy is enclosed)
Mailing Address Stree	t Address
	Filing Section
Division of Corporations Divis	ion of Corporations
	n Building Executive Center Circle
1 ananassee, 1 L 32314 2001	DAGGREYE CHICK CHOIC

Tallahassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:					
SIMPLY	Luxurion		"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of	of the principal offic	ce of the Limited	Liability Company is:			
Principal Offic	ce Address:		Mailing Add	lress:		
2307 Pontial Tallahassel, F	2 Dr - 32301	<u>P.C</u>	D. Box 635	13 FL 32314	1	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot another business entity with an active F	serve as its own Re	egistered Agent. Y		ndividual or	.77 .80 .03	
The name and the Florida street address	of the registered ag	gent are:				
ĺ	Punet S	5 Scott	<u></u>			
_	Ŋ	Name				
	2301 Por	otice D)C			
Flo	rida street address (l	P.O. Box <u>NOT</u> ac	eceptable)			
	Tallahusse	20 Fi	32301			
	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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBK MGL AMBC	Dunit S. Scott 2307 Puntiac D Tallahassee, Fr 32301
MGR	Johnny J McNealy 2301 Pontiac Dr Tallahassee, Fe 32301
	353
(Use attachment if necessary)	
TCLE V: Effective date, if other than the date of filing.) If the date inserted in this block does not be document's effective date on the Department.	ate of filing:
TCLE V: Effective date, if other than the date of filing.) Effective date is listed, the date must be ate of filing.) Effective date inserted in this block does no	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
TCLE V: Effective date, if other than the date effective date is listed, the date must be ate of filing.) E: If the date inserted in this block does no locument's effective date on the Department of the Depart	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)