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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
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COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	TAMI R. SIMMS, LLC		
SUBJEC		Limited Liabili	ty Company
The encl	osed Articles of Organization and fee(s) are submitted	for filing.
Please re	turn all correspondence concerning this	s matter to the fo	ollowing:
	TAMI R. SIMMS		
		Name of	Person
		Firm/Cor	npany
	238 BEACH DRIVE NE		
		Addre	ess
	ST. PETERSBURG, FL 33701		
	tami@simmsteam.com	City/State and	I Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For further	information concerning this matter, pl	ease call:	
	TAMI R. SIMMS	727	743-6262
	Name of Person	\	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	└─ Certifie	0 Filing Fee & \$160.00 Filing Fee, cd Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ì	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

ART	'ICI	F. I	- N	ame:

The name of the Limited Liability Company is:

TAMI R. SIMMS, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

238 BEACH DRIVE NE ST, PETERSBURG, FL 33701 238 BEACH DRIVE NE ST. PETERSBURG, FL 33701

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:

ROB JOHNSON

Name

105 FOURTH AVENUE NE #409

Florida street address (P.O. Box NOT acceptable)

ST. PETERSBURG

FL

33701

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)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	TANKER OWNER		
MGR	TAMI R. SIMMS 238 BEACH DRIVE NE		
	ST. PETERSBURG, FL 33701		
	51.1 E1ER3BORG, 1 E 35/01		
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(Use attachment if necessary)			
ı effective date is listed, the date must be s ate of filing.)	te of filing:		
ICLE VI: Other provisions, if any.	n of State 3 records.		
REOUIRED SIGNATURE: Signature of a n	nember or an authorized representative of a member.		
This document is exec I am aware that any fal	suted in accordance with section 605.0203 (1) (b), Florida Statutes. Is information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.		
TAMI R. SIMN	MS		
	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)