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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Simple Man Construction 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:
Anthony J Recoy Name of Person
Firm/Company
3070 Spring creek Hwy
Crawtord villa 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:
An7hony Accordate (650) 5/9-2->42  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 125.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}\$\$ \$160.00 Filing Fee, \text{Certified Copy} (additional copy is enclosed)}\$\$
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:		•
Simple	Maa	Can st	truction LLC any, "L.L.C.," or "LLC.")
(Must contain the	e words "Limited	Liability Compa	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal	office of the Lim	nited Liability Company is:
Principal Off	ice Address:		Mailing Address:
3070 SPring	Greek	#my _	Same

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:

AnThon	7 J Re.	07
30 70 SP1	ess (P.O. Box NOT ac	Hwy
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
Crawfordy	ille 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 (RAQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Anthony J Recoy 30 20 Spains Ereal Hury Frantod Ville FL 32327
(Use attachment if necessary)	
the date of filing.)	nd cannot be more than five business days prior to or 90 days afte applicable statutory filing requirements, this date will not be listed
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:  Signature of a mornoer of	or an authorized representative of a member.
I am aware that any false inforn constitutes a third degree felony	accordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
	T Recovered or printed name of signee

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)