

L17000102516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

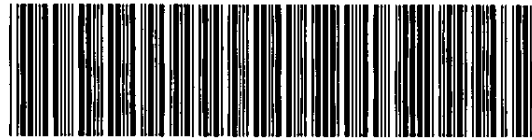
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/08/17--01034--003 \*\*160.00

FILED  
17 MAY -8 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

na 5/10/17

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Rack Simply, 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:

Tim Mitchell

\_\_\_\_\_  
Name of Person

Rack Simply

\_\_\_\_\_  
Firm/Company

4221 5th Ave NW

\_\_\_\_\_  
Address

Naples, FL 34119

\_\_\_\_\_  
City/State and Zip Code

tim@racksimply.com

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

For further information concerning this matter, please call:

Tim Mitchell

239

348-8462

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rack Simply, 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:

1495 S Tech Ln #A203  
Meridian, ID 83642

Mailing Address:

4221 5th Ave NW  
Naples, FL 34119

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:

Tim Mitchell

Name

4221 5th Ave NW

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

Naples, FL 34119

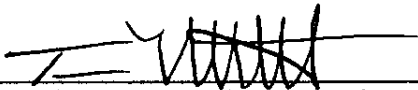
City

State

Zip

17 MAY - 8 PM '04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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)

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

AMBR

Meridian, ID 83642

**AMBR**

Naples, FL 34119

**\$ 5.00 Certificate of Status (Optional)**

17 MAY - 8 PM ET 34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA