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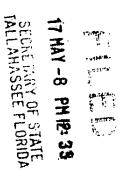
(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





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COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	Rack Simply, LLC		
SUBJECT		of Limited Liabi	lity Company
The enclos	sed Articles of Organization and fed	e(s) are submitted	for filing.
Please retu	urn all correspondence concerning t	his matter to the	following:
	Tim Mitchell		
		Name o	Person
	Rack Simply		
		Firm/C	ompany
	4221 5th Ave NW		
		Add	ress
	Naples, FL 34119		
	tim@racksimply.com	City/State as	nd Zip Code
		e used for future	annual report notification)
For further i	information concerning this matter,	please call:	
	Tim Mitchell	239	348-8462
	Name of Person	at (Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount		
\$125.00 F	_	e & \$155.	00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section Division 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

Rack Simply, LLC (Must cor	ntain the words "Limited Lia	bility Company.	"L.L.C" or "LLC.")	
•	indirection of the same of the same	omiy company,	2.2.0., 0. 220.)	
ARTICLE II - Address: The mailing address and street	address of the principal offic	e of the Limited	Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Add	ress:
1495 S Tech Ln #A	203	4221	5th Ave NW	
Meridian, ID 83642	?	Napl	es, FL 34119	
	Tim Mitchell N 4221 5th Ave NW	lame		MAY -8 PHR CREINRY OF S LAHASSEE FL
	Florida street address (F	P.O. Box NOT a	cceptable)	STATE STATE
	Naples, FL 34119			D
	City	State	Zip	

(CONTINUED)

Title:		Name and Address:
"AMBR" = Author		
"MGR" = Manager	r	
AMBR		Dan Mitchell
		1495 S Tech Ln #203
		Meridian, ID 83642
AMBR		Tim Mitchell
		4221 5th Ave NW
		Naples, FL 34119
		
(Use attachment if	necessary)	
•		
ICLE V: Effective date	e, if other than the date of	of filing: (OPTIONAL)
TICLE V: Effective date n effective date is listed	e, if other than the date of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days a
ICLE V: Effective date n effective date listed late of filing.)	e, if other than the date of, the date must be spe	cific and cannot be more than five business days prior to or 90 days s
TICLE V: Effective date in effective date is listed late of filing.) e: If the date inserted in	e, if other than the date of, the date must be spent	cific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be list
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TICLE V: Effective date in effective date in effective date is listed late of filling.) e: If the date inserted in document's effective date IICLE VI: Other provision REQUIRED SIGNATION.	e, if other than the date of the date must be spent this block does not mete on the Department of ions, if any. NATURE: Signature of a methic document is execute.	eet the applicable statutory filing requirements, this date will not be list of State's records.
CICLE V: Effective date n effective date is listed late of filing.) e: If the date inserted in document's effective da FICLE VI: Other provisi REQUIRED SIGN Th	e, if other than the date of the date must be spent this block does not must be on the Department of the date. NATURE: Signature of a ment of the document is executed an aware that any false.	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statuses. information submitted in a document to the Department of State.
FICLE V: Effective date in effective date is listed date of filing.) te: If the date inserted in document's effective da FICLE VI: Other provisi REQUIRED SIGN Th	e, if other than the date of the date must be spent this block does not must be on the Department of the date. NATURE: Signature of a ment of the document is executed an aware that any false.	eet the applicable statutory filing requirements, this date will not be list of State's records.

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)

ARTICLE IV-