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(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:	

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Simple tone, Simple aviolance LC 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:		
Mathew B. Carlson Name of Person		
176 15 Stypt SANTA FOSA Beach, FI		
3130 Tive lone Tallahessee, FT	<u></u>	
Tallahassee 7 32303		
City/State and Zip Code City/State and Zip Code (CM) (E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	5	F
Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed)	Status &	
Mailing Address New Filing Section Division of Corporations (additional copy Street Address New Filing Section Division of Corporations	is enclosed)	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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:		
Simple-line Simple Tuidance 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: 3130 Jorce Johne 3130 Jorce Jorc	re	
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 another business entity with an active Florida registration.)	µal or	
The name and the Florida street address of the registered agent are are scn		
Florida street address (P.O. Box NOT acceptable)	., 	~
City State Zip	, E 7	
Having been named as registered agent and to accept service of process for the above stated limited liability place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in the further agree to comply with the provisions of all statutes relating to the proper and complete performance of am familiar with and accept the obligations of many as registered agent as provided for in Chapter 60 Registered Agent's Signature (REQUIRED)	of my duties, and l	
(CONTINUED)		.
		OTAN RES
	. :	77 W 88

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _____ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any, REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817.155, F.S. Typed or printed name of signee Filing Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-