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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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J. FASON

JAN 18 2019

**FILED**  
2019 JAN 14 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FL



IMMONS  
LAW FIRM, P.A.

\*AUGUSTIN G. SIMMONS, ESQ.

\*ALSO LICENSED IN MISSOURI

TIMOTHY J. MURTY, ESQ.

JOHN C. STEWART, ESQ.

NICOLE R. BRUNSWICK, ESQ.

MELISSA E. MONGIELLO, ESQ.

January 8, 2019

Department of State  
Division of Corporations  
Corporate Filings  
P. O. Box 6327  
Tallahassee, Florida 32314

IN RE: FLFONE, LLC

TO WHOM IT MAY CONCERN:

Enclosed is the original and one copy of the Articles of Organization for the above named Florida limited liability company, together a check in the amount of \$125.00 representing payment of the applicable fees. Please file same and return a conformed copy to me.

Thank you for your assistance in this matter.

Very truly yours,

MELISSA E. MONGIELLO  
Attorney at Law

/km  
Enclosures

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

The name of the Limited Liability Company is:

FLFONE, LLC

**ARTICLE II**

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

3357 TWIN LAKES LANE  
SANIBEL, FL 33957

The mailing address of the Limited Liability Company is:

3357 TWIN LAKES LANE  
SANIBEL, FL 33957

**ARTICLE III**

Other provisions, if any:

THE COMPANY'S GENERAL PURPOSE AND BUSINESS IS TO OPERATE ANY LEGAL ENTERPRISE AUTHORIZED UNDER THE LAWS OF THE STATE OF FLORIDA, THE COMPANY SHALL HAVE ALL POWERS NECESSARY OR APPROPRIATE TO THAT BUSINESS.

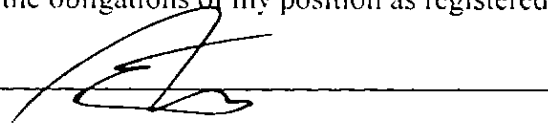
**ARTICLE IV**

The name and Florida street address of the registered agent is:

SIMMONS LAW FIRM, P. A.  
1633 PERIWINKLE WAY, SUITE A  
SANIBEL, FL. 33957

Having been named as registered agent and to accept service of process for the above 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.

Registered Agent Signature:



**FILED**  
2019 JAN 14 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

## ARTICLE V

The entity name and address of person(s) authorized to manage LLC:  
Title: AMBR

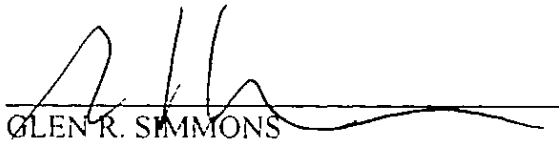
THE GLEN R. SIMMONS AND MARCIA ELIZABETH FOWLER SIMMONS JOINT  
LIVING TRUST, DATED AUGUST 31, 2018  
3357 TWIN LAKES LANE  
SANIBEL, FL 33957

## ARTICLE VI

The effective date for this Limited Liability Company shall be:

01/ 8 /2019

Signature of member or an authorized representative:

  
GLEN R. SIMMONS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.