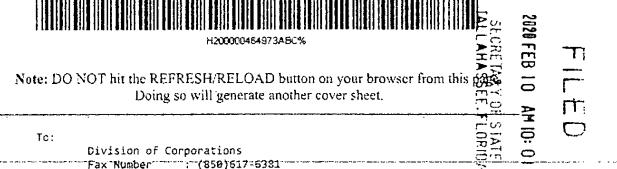
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000046497 3)))



From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

FLORIDA LIMITED LIABILITY CO. SMPL COMMERCE PARK LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

T. BURCH FEB 1 1 2020

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SMPL COMMERCE PARK LLC		≂∽	2020	
(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")		ÉCRE	20 F	-
ARTICLE II - Address:			æ	i ;
The mailing address and street address of the principal office of the Limited Liability Company is:		TARY ASSE	0	
Principal Office Address:	Mailing Address:	m _O	P.	1
11300 NW 87th CT	11300 NW 87th CT	O.	<u>Ö</u>	
HIALEAH, FL 33018	HIALEAH, FL 33018		. 0	

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:

SEBASTIAN MOSS	SE			
	Name			
11300 NW 87th CT				
Florida street address (P.O. Box NOT acceptable)				
HIALEAH	FL	33018		
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 (REQUIRED)

(CONTINUED)

To:

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

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

constitutes a third degree felony as provided for in 3.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

PAUL LUCAS