

L21000456166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

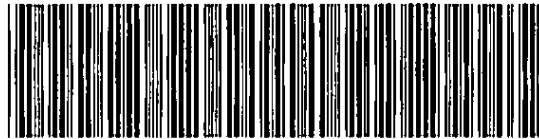
(Business Entity Name)

(Document Number)

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

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T. BURCH  
OCT 20 2021

**JENKINS & YOUNG**  
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Estate Planning, Probate & Taxation  
Real Estate – Title Insurance

Email: TBJenkinsPA@aol.com

October 13, 2021

Department of State  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ATTENTION: LLCs

Re: Simplifinances, LLC

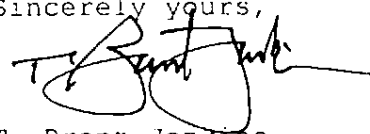
Dear Sirs:

Enclosed herewith, please find the original and copy of proposed Articles of Organization of the above-named limited liability company and check to the Department of State to cover the following items:

|                                |           |
|--------------------------------|-----------|
| 1. Filing fee                  | \$ 100.00 |
| 2. Registered Agent Filing fee | \$ 25.00  |
| 3. Certified copy of Articles  | \$ 30.00  |
| Total                          | \$ 155.00 |

Please file these Articles of Organization at your earliest convenience and return a certified copy our office.

Sincerely yours,



T. Brent Jenkins

TBJ:cf  
Enclosures

**ARTICLES OF ORGANIZATION  
OF  
SIMPLIFINANCES, L.L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby makes, acknowledges, and files the following Articles of Organization.

Article I - Name

The name of the liability Company shall be: **SIMPLIFINANCES, L.L.C.**

Article II - Address

The mailing address and street address of the principal office of the company is: 164 River Oaks Circle, Sanford, FL 32771.

Article III - Duration

The company shall have perpetual existence.

Article IV – Authorized Members

The following individuals are authorized to manage and control the limited liability company:

Elayne Pisarik, 164 River Oaks Circle, Sanford, FL 32771


Article V - Registered Office and Agent

The name and street address of the registered office and registered agent are:

Elayne Pisarik  
164 River Oaks Circle  
Sanford, FL 32771

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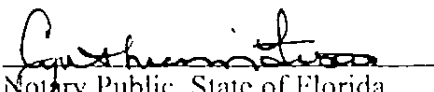
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

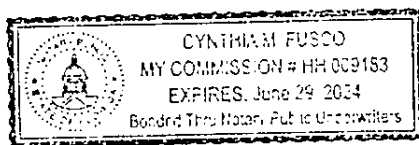
  
Elayne Pisarik  
Registered Agent

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at Ormond Beach, Florida, on October 11, 2021.

  
Elayne Pisarik

Sworn to and subscribed before me this 11 day of October, 2021, by Elayne Pisarik, who appeared by means of physical presence and who produced a driver's license as identification.

  
Notary Public, State of Florida  
My Commission expires:



7:11 PM  
OCT 19 2021  
TALLAHASSEE, FLORIDA