

LA22000038142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

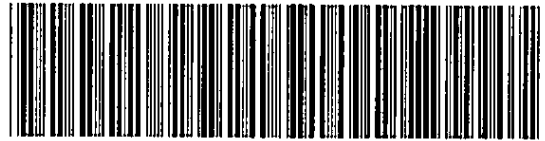
(Document Number)

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

Special Instructions to Filing Officer:

W21  
W21000155120

Office Use Only



000377067690

11/30/21--01011--027 \*\*160.00

*[Signature]*  
2/3/22

FILED  
2022 JAN 24 PM 10:11  
SECURITY  
FALL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2022

RANADA SIMS  
7314 CARILLON AVE  
COCOA, FL 32927

SUBJECT: THE SIMS WAY LLC  
Ref. Number: W22000001877

We have received your document for THE SIMS WAY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

Karen Lovelace  
Regulatory Specialist II  
New Filing Section

Letter Number: 722A00000523

*I have corrected the error*  
*DS*

2022 JAN 24 PM 10:11  
SECRETARY OF STATE  
MAIL ROOM

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: THE SIMS WAY LLC  
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:

RANADA SIMS

Name of Person

Firm/Company

7314 CARILLON AVE

Address

COCOA, FL. 32927

City/State and Zip Code

RANADA.SIMS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANADA SIMS

260

239-5859

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 JAN 24 PM 10:11  
FILED  
TALLAHASSEE, FL  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE SIMS WAY 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:

Mailing Address:

7314 CARILLON AVE  
COCOA, FL, 32927

SAME

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:

RANADA SIMS

Name

7314 CARILLON AVE

Florida street address (P.O. Box **NOT** acceptable)

COCOA

FL

32927

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)

SECRET  
TALLAHASSEE, FL  
2022 JAN 26 PM 10:11

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MANAGER

RANADA SIMS  
7314 CARILLON AVE  
COCOA, FL. 32927

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

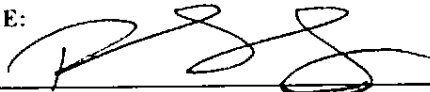
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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 s.817.155, F.S.

RANADA SIMS

Typed or printed name of signee

**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)

2022 JAN 26 PM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA