

8/23/22, 4:23 PM

Division of Corporations

**L22000370283**

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : PARASEC  
Account Number : I20180000086  
Phone : (916)576-7000  
Fax Number : (800)603-5868

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

Email Address: RLOPS@PARASEC.COM

**FLORIDA LIMITED LIABILITY CO.**

**Simple7 Bankruptcy LLC**

Certificate of Status	0
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22 AUG 21, AM 7:36

SECRETARY OF STATE  
FALLAHASSEE, FL 32411

2022 AUG 24 AM 7:59

2022 AUG 24 AM 7:59



Commissioner Russell C. Weigel, III

VIA ELECTRONIC MAIL

August 19, 2022

Anthony Anzalone  
9409 NW 74<sup>th</sup> Place  
Tamarac, Florida 33321

Re: Simple 7 Bankruptcy

Dear Mr. Anzalone:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Simple 7 Bankruptcy) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. The company will also not engage in business purporting to be a financial institution. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state. Should the name become confusing to the public, future modifications may be necessary.

Sincerely,

Russell C. Weigel, III  
Commissioner  
Office of Financial Regulation

RCW:jrj

cc: Lee Yarbrough, Chief, Bureau of Commercial Recordings, Division of Corporations,  
Department of State

22 AUG 24 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Simple7 Bankruptcy LLC

(Must end with 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:

9409 NW 74th Place  
Tamarac, FL 33321

9409 NW 74th Place  
Tamarac, FL 33321

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:

Anthony Anzalone

Name

9409 NW 74th Place

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

<u>Tamarac</u>	<u>FL</u>	<u>33321</u>
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 603, F.S..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Alexander Amado

9409 NW 74th Place

Tamarac, FL 33321

AMBR

Anthony Anzalone

9409 NW 74th Place

Tamarac, FL 33321

(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.

Frances Severe

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)

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