

L22000532315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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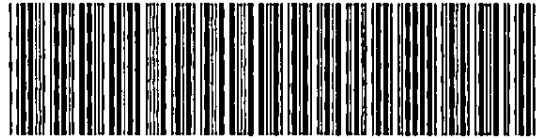
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Carolyn Kincaid**

237 Windward Cv. N.  
Niceville, FL 32578  
(850) 313-0315  
simplyeditsllc@gmail.com

12th December, 2022

**New Filing Section**

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

Dear Sir/Ma'am,

Enclosed, please find the filing paperwork for Simply Edits LLC, a technical writing/editing consulting business that I would like to start in Florida. I am currently a technical writer with seven + years of experience, and would like to start my own business offering these services.

I am a resident of Niceville, Florida. Please contact me if you have any questions regarding this paperwork. Thank you very much for your assistance in this matter.

Sincerely,



**Carolyn Kincaid**

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TALLAHASSEE, FL 32314

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Simply Edits 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:

Carolyn Kincaid  
Name of Person  
Firm/Company  
237 Windward Cove N  
Address  
Niceville FL 32578  
City/State and Zip Code  
simplyeditsllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Kincaid 850 313-0315  
Name of Person at ( ) 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

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TALLAHASSEE, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Simply Edits 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:

237 Windward Cv. N.  
Niceville, FL 32578

Mailing Address:

237 Windward Cv. N.  
Niceville, FL 32578

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:

Carolyn Kincaid

Name

237 Windward Cove N

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

Niceville

FL

32578

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 and further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Carolyn Kincaid

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

**Name and Address:**

AMBR \_\_\_\_\_

Laura Freidel  
749 Gallant Fox Ln.  
Union, KY 41091

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2023 (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:**

*Laura B Freidel*

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.

LAURA B FREIDEL

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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