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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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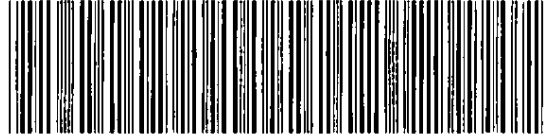
(Business Entity Name)

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23 JUL 24 AM 9:09  
155.00  
FILED

Ian Simpson  
Ian Simpson, PLLC  
4722 Fort Peck Rd  
New Port Richey, FL 34655

July 17, 2023

Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

23 JUL 24 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

FILED

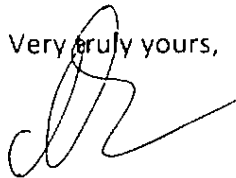
Re: Ian Simpson, PLLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Please use the email address of [ian.simpson85@yahoo.com](mailto:ian.simpson85@yahoo.com) for notices. Thank you.

Very truly yours,



Ian Simpson  
Ian Simpson, PLLC

Enclosures

check stapled here

**ARTICLES OF ORGANIZATION**

**of**

**IAN SIMPSON, PLLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

**ARTICLE I - ORGANIZATION NAME**

The name of the organization is Ian Simpson, PLLC.

**ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in real estate sales by those licensed to practice as Physician's Assistant in the State of Florida.

**ARTICLE IV – ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

4722 Fort Peck Rd  
New Port Richey, FL 34655

The organization's mailing address shall be as follows:

4722 Fort Peck Rd  
New Port Richey, FL 34655

23 JUL 21 AM 9:09  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF HILLSBORO

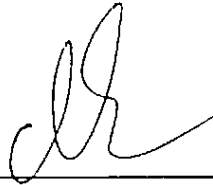
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**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S  
SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Ian Simpson  
4722 Fort Peck Rd  
New Port Richey, FL 34655

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.



Ian Simpson -Registered Agent

23 JUL 24 PM 9:19

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**ARTICLE VI - MANAGERS**

This organization shall have 1 (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Ian Simpson  
4722 Fort Peck Rd  
New Port Richey, FL 34655

**ARTICLE VII - SIGNER**

The name and address of the person signing these Articles of Organization is as follows:

Ian Simpson  
4722 Fort Peck Rd  
New Port Richey, FL 34655

**ARTICLE VIII – MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

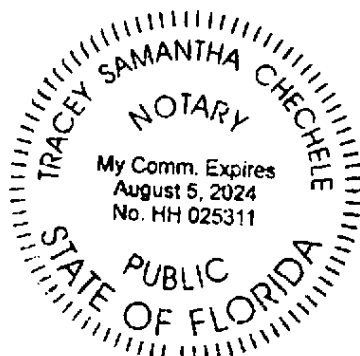
IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 17<sup>th</sup> day of July, 2023


  
\_\_\_\_\_  
Ian Simpson.

STATE OF FLORIDA  
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Ian Simpson, known to me to be the person who executed the foregoing Articles of Organization, or who presented FL Dr License as identification, and who acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 17<sup>th</sup> day of July, 2023



  
\_\_\_\_\_  
Notary Public, State of Florida at Large  
My Commission Expires:

STATE OF FLORIDA  
CLERK OF THE COURT  
JUL 21 2023

23 JUL 21 AM 9:19

FILED