

L23000557191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

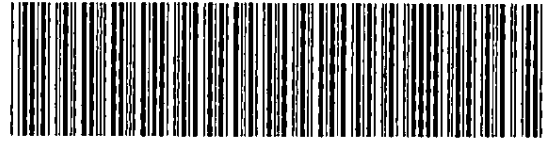
(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer.

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CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 12/20/2023

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eric DW

Name:	Simmons Family Investments, LLC
Document #:	
Order #:	15283988 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
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Email Address for Annual Report Notification

asandler@levingann.com

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Amount: \$ **155.00**

Thank you!

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Simmons Family Investments, 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:

Andrew R. Sandler, Esquire

Name of Person

Levin Gann PA

Firm/Company

1 W. Pennsylvania Avenue, Suite 900

Address

Towson, Maryland 21204

City/State and Zip Code

asandler@levingann.com

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

For further information concerning this matter, please call:

Andrew R. Sandler 410 321-0600
at ()
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Simmons Family Investments, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.I.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1 W. Pennsylvania Avenue, Suite 900
Towson, Maryland 21204

Mailing Address:

1 W. Pennsylvania Avenue, Suite 900
Towson, Maryland 21204

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.)

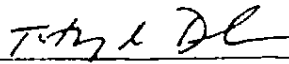
The name and the Florida street address of the registered agent are:

Timothy Devlin
Name

2401 NW Boca Raton Boulevard
Florida street address (P.O. Box **NOT** acceptable)

<u>Boca Raton</u>	<u>Florida</u>	<u>33431-6632</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 605, F.S..

By: 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023
11:01

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Robert L. Simmons

1 W. Pennsylvania Avenue, Suite 900

Towson, Maryland 21204

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 18, 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:

Andrew Sandler

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.

Andrew Sandler

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)

2023 DEC 11 02