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l .	SIMPLE DESIGN SOLUTION (CORPORATE NAME AND DOCUMENT)	
2.	(CORPORATE NAME AND DOCUMEN	T #)
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5.	(CORPORATE NAME AND DOCUMEN	T'#)
5. SPECIA	(CORPORATE NAME AND DOCUMEN L INSTRUCTIONS:	T #)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:					
The hame of the ishince ishion	cy Company is.					
Simple Design S	olutions + Integration	on LLC				
(Must con	tain the words "Limited L	iability Com	pany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street a	address of the principal of	fice of the Li	mited Liability Company is:			
<u>Princip</u>	oal Office Address:		Mailing Address:			
	ISTA WAY		4903 TERRA VISTA WAY			
ORLANDO Fl, 32837			ORLANDO Fl, 32837			
another business entity with an The name and the Florida street	address of the registered	agent are:				
KMG CPA,LLC Name						
1101 MIRANDA LANE SUITE 109						
Florida street address (P.O. Box NOT acceptable)						
	KISSIMMEE	FL	34741			
	City	State	Zip			
lace designated in this certificate urther agree to comply with the p	e. I hereby accept the apporovisions of all statutes rel	intment as re ating to the p	for the above stated limited liability compa gistered agent and agree to act in this capa proper and complete performance of my du agent as provided for in Chapter 605, F.S	acity. I		
Joel Medina						
Registered Agent's Signature (REQUIRED)						
		(CONTINU	(ED)			

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 DAVID NIEVES 4903 TERRA VISTA WAY ORLANDO, FL 32837 (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. Amanda J. Beren 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)

ARTICLE IV-