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JANUARY 10, 2025
TALLAHASSEE, FL

2025 JAN 10 PM 1:33

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/10/2025
Acc#I20160000072

en: c SW

Name:	Simple Life GP, LLC
Document #:	
Order #:	16083101

Certified Copy of Arts & Amend:	☐	1-2 filing, LLC 1st LP 2nd	
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
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Amount: \$ **155.00**

Thank you!

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Simple Life GP, 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:

Lori Grant-Koehler

Name of Person

Greenberg Traurig, LLP

Firm/Company

2375 East Camelback Road, Suite 800

Address

Phoenix, AZ 85016

City/State and Zip Code

mike@simple-life.com

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

For further information concerning this matter, please call:

Lori Grant-Koehler

602

445-8342

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

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Simple Life GP, 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:

135 2nd Avenue North, Suite 3
Jacksonville Beach, FL 32250

Mailing Address:

135 2nd Avenue North, Suite 3
Jacksonville Beach, FL 32250
Attention: Michael McCann

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

Florida

33324

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..

C T Corporation System

By: /s/ David Westcott

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JACKSONVILLE, FL

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:

MGR

Michael McCann
135 2nd Avenue North, Suite 3
Jacksonville Beach, FL 32250

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STATE
DEPT. OF
STATE, FL

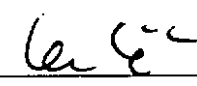
(Use attachment if necessary)

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.

Michael McCann
Typed or printed name of signer

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)