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ACCOUNT NO. : 072100000032

REFERENCE: 132184

132184 7143690

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: June 13, 2003

ORDER TIME : 9:11 AM

ORDER NO. : 132184-010

CUSTOMER NO: 7143690

CUSTOMER: Sam Rodriquez

Simpson Housing Solutions, Llc 320 Golden Shore Drive, #200

Long Beach, CA 90802-4217

FOREIGN FILINGS

NAME: SIMPSON HOUSING SOLUTIONS,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 1155

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Simpson Hou	using Solutions, LLC						
	(Name of fore	eign lir	nited liability com	pany)			
Colorado		3.					03
Jurisdiction under	r the law of which foreign limited liabil company is organized)	lity	(F	El number, i	f applicat	ole)	J. J.
June 1, 20	00	, 5.	Perpetual			- * * <u>^</u>	
(Da	nte of Organization)		(Duration: Yes	r limited liab exist or "per	perual")	oany will a	or areas
May 31, 20	103				1		5 4 6
(D	late first transacted business in Florida. Shore Suite 200		ections 608.501, 6			F.\$.)	EX.
Long Beach,	. Ca 90802						
	(Street add	iress o	principal office)				
, .	e-8110 E. Union Ave. Den			n Ave. I	enver,	CO BC	123/
						- 1	٠.
			· ··· ···				
			<u></u>	·			
the jurisdiction un translation of the o	gmal certificate of existence, no more that identhe law of which it is organized. (A certificate under outh of the translator mu- iness or purposes to be conducte	photoc ist be s	opy is not acceptal abmitted.)	ole. If the coat	ificate is in	a foreign	ody of rec language,
				<u></u>	<u> </u>		
				_			
	Signature of a member or ar	n auth	orized represen	tative of a	member		

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Typed or printed name of signee

Marc Pinto

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED ACENT IN THE STATE OF FLORIDA.

STATEMENT TO STATE OF FLOR	O DESIGNATE A REGIS' RIDA.	TERED OFFIC	E AND REGISTERED	AGENT WITHER			
1. The name of the	he Limited Liability Comp	oany is:		1 1 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Simpson Housi	ing Solutions, LLC			2 2			
2. The name and	the Florida street address	of the registere	d agent and office are:	7			
	Corporat	ion Service	Company				
_		(Name)		, ` ·			
-	1201 Hays Street Florida street address (P.O. Box NOT ACCEPTABLE)						
	Pionda Street add	11035 (F.O. DOX <u>144</u>	<u>OI</u> ACCEPTABLE)				
	Tallahassee	.FL	32301				
·	(0	City/State/Zip)					
liability company registered agent a statutes f elating to	ed as registered agent and at the place designated in and agree to act in this cape the proper and complete tions of my position as regi	this certificate, acity. I further performance of	I hereby accept the appo agree to comply with the my duties, and I am fam	ointment as e provisions of all viliar with and			

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



STATE OF COLORADO

DEPARTMENT OF STATE CERTIFICATE

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

SIMPSON HOUSING SOLUTIONS, LLC (Colorado LIMITED LIABILITY COMPANY) File # 20001078832

was filed in this office on April 18, 2000 and has complied with the applicable provisions of the laws of the State of Colorado and on this date is in good standing and authorized and competent to transact business or to conduct its affairs within this state.

Dated: June 9, 2003

For Validation:

Certificate ID: 673656

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

www.sos.state.co.us/ValidateCertificate

onetta Jacidson SECRETARY OF STATE