M1500001452

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000268711520

02/02/15--01041--005 **130.00





L Brock FEE 24 2015

COVER LETTER

Division of Corporations
SUBJECT: SIMCO Realty LTA, an OHIO Limited Liability Company LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Charles Simon
Name of Person
Firm/Company
5155 Corporate Way #E
Address
Jupiter FC 33458 City/State and Zip Code
,
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sancha Beel at (56/) 847-4658 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section Registration
P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2015

CHARLES SIMON 5155 CORPORATE WAY #E JUPITER, FL 33458

SUBJECT: SIMCO REALTY LTD, LLC

Ref. Number: W15000009692

15 FEB 23 AM 10: 00

We have received your document for SIMCO REALTY LTD, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 915A00002748

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") (Jurisdiction under the law of which foreign limited liability 3. 31-146 4752 (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5155 Corporate Way Suite E, Jup, ter FL 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: - Charles Simon, Managing Member 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.) Charles Simon - Statutory Agent Typed or printed name of signee Managing Member

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
Simco Beulty LTD, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Charles Simon Fig. 55
(Name)
5155 Corporate Way Suite E SSE 23 Fi Florida Street Address (P.O. Box DOT ACCEPTABLE)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Florida Street Address (P.O. Box NOT ACCEPTABLE) Tup: fer FL 33458 5.7 5.7 5.7 5.7 5.7 5.7 5.7 5.7 5.7 5.7
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, Florida Statutes. (Signature) Charles Simon
\$ 100.00 Filing Fee for Application * \$ 25.00 Designation of Registered Agent *
\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) ×
3 5.00 Certificate of Status (optional) × /30

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SIMCO REALTY LTD., an Ohio Limited Liability Company, Registration Number 908080, was organized within the State of Ohio on June 20, 1995, is currently in FULL FORCE AND EFFECT upon the records of this office.



GCRETARY OF STATE OF

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of January, A.D. 2015.

Ohio Secretary of State

Validation Number: 201502601302