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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:

Registration Section

. Div	ision of Corporation	ns '	•						
SUBJECT:	SIMPSON PROPER				``				
		Name of Limited Liability Company							
Please return	all correspondence c	oncerning this matter to the	following:						
	PAT SIMPSON	I							
	Name of Person								
	SIMPSON PROPERTIES GROUP, LLC								
		Name of Limited Liability Company In by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate submitted to register the above referenced foreign limited liability company to transact business in Floridadence concerning this matter to the following: MPSON Name of Person ON PROPERTIES GROUP, LLC Firm/Company X 133 OR 4650 GRIFFITH MARINA ROAD Address GE BEACH, ALABAMA 36561 City/State and Zip Code simpson.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 251 Area Code Daytime Telephone Number PRESS: Orations Lining STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 e following amount:							
	ORANGE BEA	Name of Limited Liability Company gn Limited Liability Company for Authorization to Transact Business in Florida," Certific to register the above referenced foreign limited liability company to transact business in F secrning this matter to the following: Name of Person ERTIES GROUP, LLC Firm/Company 4650 GRIFFITH MARINA ROAD Address H, ALABAMA 36561 City/State and Zip Code on E-mail address: (to be used for future annual report notification) his matter, please call: 251 Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 g amount: g amount:							
		City/St	ate and Zip Code		, , , , , , , , , , , , , , , , , , ,	•			
	pat@patsimpson.	com							
		E-mail address: (to be used	for future annual	report noti	ification)	,			
For further is	nformation concerning	g this matter, please call:							
PA	T SIMPSON			923-929	22				
	Name o	f Contact Person	_ \	Day	time Telephone Number	•			
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division of Registrati Clifton Br 2661 Exe	of Corporations on Section uilding cutive Center Circle				
	a check for the follow \$125.00 Filing Fee	□ \$130.00 Filing Fee &		ig Fee &					

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:

	SHIVES IN THE STATE OF TECHEA.				
1. SIMPSON PROPERTI					
	eign Limited Liability Company; must inclu GROUP OF ALABAMA, LLC	ide "Limited Liability Company," "L.L.C.,"	or "LLC."	")	
	ternate name adopted for the purpose of tra	ansacting business in Florida. The alternate	name must	t include "Li	— mited
_{2.} ALABAMA, BALDWI	N COUNTY 3.	26-4317052			
(Jurisdiction under the law company is organized)	ble)				
	NAME SIMPSON RENTALS, LLC				
•	(Date first transacted business in F (See sections 605.0904 & 605.0905,	lorida, if prior to registration.)			
5. 4650 GRIFFITH MAR		1.5. to determine penanty nationary			
ORANGE BEACH, AI	L 36561				
· · · · · · · · · · · · · · · · · · ·	(Street Address of Princip	al Office)			
6. PO BOX 133	<u> </u>	1 6			
ORANGE BEACH, A	36561		; ~ ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	8	
	(Mailing Addres	is)		FIL T27	
7 Name and street address	ss of Florida registered agent: (P.O. Bo	v NOT acceptable)	(2) 27. (3) 27. (3) 27.	1773	
	KEY CONCEPTS REALTY, INC. B	-	المهارية ومن (11		
Name: Office Address:	13880 PERDIDO KEY DRIVE		ORIG	կ։ 36	
	PENSACOLA	, Florida 32507	1-		
	(City)	, Florida (Zip code)			
designated in this applica to complywith the provisi	egistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prope my position as registered agent	f process for the above stated limited li as registered agent and agree to act in ar and complete performance of my du gent's signature)	this capa	acity. I fur	ther agree
9. The name title or some	acity and address of the person(s) who i	haa/haya aytharity ta managa ig/ara:			
-	GING MEMBER, PO BOX 133, ORAL	-			
	IANAGING MEMBER, PO BOX 133,				
MICHAEL FRANK MIL	LER, BROKER, PO BOX 133, ORAN	GE BEACH, AL 36561			
	of which it is organized. (If the certific ubmitted)	l, duly authenticated by the official have ate is in a foreign language, a translation			
		(1) (b), Florida Statutes. I am aware that third degree felony as provided for in s.			n

Typed or printed name of signee

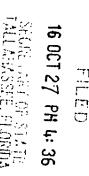
John H. Merrill Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Simpson Properties Group, LLC was formed in Baldwin County, Alabama on February 13, 2009. The Alabama Entity Identification number for this entity is 430-525. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





20161024000008358

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

10/24/2016

Date

J. H. Merill

John H. Merrill

Secretary of State