M18000008201

| (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: Namu UA Conflict - Symple LLC - HORDON L18-1495 |

Office Use Only



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EXAMINER



August 13, 2018

JUKIE SYMONDS 12724 GRAN BAY PARKWAY W STE 410 JACKSONVILLE, FL 32258

SUBJECT: SYMPLE COMPANY LLC

Ref. Number: W18000073165

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline Regulatory Specialist III

Letter Number: 118A00016702

2016 SEP -7

COVER LETTER

| TO: | Registration Section Division of Corporation | ns | | | | | |
|---------|---|--|--------------------------------------|---|--|-------------|------|
| SUBJE | ECT: | SYMPLE CON | | | | | |
| | | | of Limited Liability (| | | | |
| | | | | | ransact Business in Florid lity company to transact bu | | |
| Please | return all correspondence | concerning this matter to | the following: | | | | |
| | | JULIE N | Name of Person | <u> </u> | | | |
| | | SYMPLE | COMPANY Firm/Company | uc | | | |
| | | 12724 GRA | | |) STE 410 | | |
| | | JACKSON C | JIUE, FL ty/State and Zip Code | 327 | 258 | | |
| | | Solite & Special E-mail address: (to be | mple company used for future annual | COM | otification) | | |
| For fur | ther information concerni | ng this matter, please call | : | | | | |
| | WES SYN | | at (90U | _,_3 | SZ-1822 aytime Telephone Number | | |
| | Name | of Contact Person | Area Code | D | aytime Telephone Number | - | |
| | MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, Fl. 32314 | | | Divisio Registr Clifton 2661 E | ET ADDRESS: n of Corporations ation Section Building xecutive Center Circle assee, FL 32301 | | |
| Enclose | ed is a check for the follow \$125.00 Filing Fee | ving amount: 18.\$130.00 Filing Fee Certificate of Status | & □ \$155.00 Filir Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, of Status & Certified (| | cate |
| | | | | | | | 7 : |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 615.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign | imited Liability Company; must inclu | AN III A | WATER LLC | SYMPLE COMPANY L |
|---|---|---|---|--|
| | ANTHEM WAT | ER, UC | | |
| STATE OF | me adopted for the purpose of transacting but WYOMING ich foreign limited liability company is organi | siness in Florida. The altern | ate name must include "Limited Liabil 82-1879 (FEI number | ity Company," "L.L.C," or "LLC,") [453] [. 1] applicable) |
| | 08 01 18 (Date first transacted business in Florid (See sections 605,0904 & 605,0905, E.) | | | |
| 12724 GRAN | JBAY PKWY W STE L mcipal Office) | | | AY PKWY W STE 410 PL 32258 |
| JACKSONULL | | | JACKSONVILLE, | PL 32258 |
| Name and street addres | s of Florida registered agent: (I | O.O. Box NOT acc | eptable) | |
| Name: | _ John W. Syr | nonds | | |
| Office Address: | 12724 Gran Bay | PKW WS | 1E410 | |
| | JACKSONVILLE | | , Florida 32258 | |
| | city and address of the person(s Name and Address: Julia M Sm 12324 Gran Ba Jackson ville, R. | s) who has/have aut | or Capacity: | Name and Address: |
| president | John W Sy 12774 Gron Ra Jacksonville, F | | | |
| se attachments if necess | • | | | |
| Attached is a certificate sdiction under the law on the translator must be su | of existence, no more than 90 d of which it is organized. (If the obmitted) | ays old, duly auther certificate is in a for | nticated by the official hav reign language, a translatio | ing custody of records in the on of the certificate under oath |
| | the Department of State constit | | | that any false information 817.155, F.S. |
| | Julie M | Symonds | - | ر. چ پې |
| | | Typed or printed name of | i signee | — · |

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

SYMPLE COMPANY LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 15, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000758124**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 3rd day of August, 2018 at 2:14 PM. This certificate is assigned 027469236.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.