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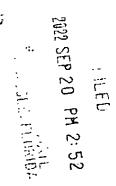
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

Γ O :	Registration Section Division of Corporations	·		
	Simple Finance LLC			
UBJ	ECT:			
	<i>N</i>	lame of Limited Liability Company		
		lity Company for Authorization to Transact Business in Florida," Certificate of overeferenced foreign limited liability company to transact business in Florid		
lease	return all correspondence concerning this matt	ter to the following:		
	Xavier Uzcategui			
		Name of Person		
	Simple Finance LLC			
Firm/Company				
	6917 Collins Ave Apt 1524			
	Address			
	Miami Beach FL 33141			
City/State and Zip Code				
	6917 Collins Ave Apt 1524 Address Miami Beach FL 33141			
	E-mail address: (t	o be used for future annual report notification)		
or fu	rther information concerning this matter, please	e call:		
	Xavier Uzcategui	513 8024826 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
	Mailing Address:	Street Address:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amour Please make check payable to: FLORIDA I			
	■ \$125.00 Filing Fee			





September 14, 2022

XAVIER UZCATEGUI 6917 COLLINS AVE APT 1524 MIAMI BEACH, FL 33141

SUBJECT: SIMPLE FINANCE LLC Ref. Number: W22000116611

We have received your document for SIMPLE FINANCE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 222A00020468

RECEIVED

SEP 2 1 2022

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

IN COMPLANCE WITH SECTION 605.0902. FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Simple Finance LLC (Name of Foreign Limited Liability Company, most 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," "I. L. C," or "LLC.") Wyoming 88-3658621 3. (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability.) 34 N Franklin Ave 34 N Franklin Ave (Street Address of Principal Office) (Mailing Address) STE 687-5117 STE 687-5117 Pinedale WY 82941 Pinedale WY 82941 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Xavier Uzcategui Name: 6917 Collins Ave Apt 1524 Office Address: Miami Beach Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent Psignature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity:	Name and Address:	Title or Capacit	<u>tv:</u>	Name and Address:
■Manager	Name:	□Manager	Name:	
⊒Member	Address: 6917 Collins Ave	□Member	Address:	
□Authorized	Apt 1524	□Authorized		
Person	Miami Beach FL 33141	Person		
Other	Other	□Other		□Other
⊒Manager	Name:	□Manager	Name:	-
□Member	Address:	□Member	Address:	
☐Authorized		□Authorized		, <u> </u>
Person		Person		<u>-</u> -
□Other	□Other	□Other		□Other
∃Manager	Name:	□Manager	Name:	<u>-</u> -
∃Member	Address:	□Member	Address:	
3Authorized		☐ Authorized		unus s s s
Person		Person		
□Other	Other	☐Other		□Other

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Xavier Uzcategui

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,

Simple Finance LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 10, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001147125**.

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 9th day of September, 2022 at 11:14 AM. This certificate is assigned ID Number 055016313.



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 https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.