

P96000075357

Requestor's Name

MARION J. SINKINS, INC.
J. ROBA & ASSOCIATES, INC.
 7310 W. McHALL ROAD, STE. 200
 TAMARAC, FL 33321

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Marion J. Sinkins, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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- Walk in
 Pick up time _____
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of State

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 96 SEP -9 PM 2:02
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

9/11

Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
OF

MARION J. SIMKINS, INC.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation shall be:

MARION J. SIMKINS, INC.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3780 Clyde Morris Blvd. #101
Port Orange, Fl 32119

ARTICLE III. CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV. INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MARION J. SIMKINS
3780 Clyde Morris Blvd.
Port Orange, Fl 32119

B. Officers:

President: MARION J. SIMKINS
Address: 3780 Clyde Morris Blvd.
PORT Orange, FL 32119

Vice President: _____
Address: _____

Secretary: MARION J. SIMKINS
Address: 3780 Clyde Morris Blvd.
Port Orange, FL 32119

Treasurer: _____
Address: _____

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: Marion J. Simkins
Office Address: 3780 Clyde Morris Blvd.
Port Orange, FL 32119
City Zip Code

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and 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's signature: Marion J. Simkins

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

**13. Marion J. Simkins
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)**

**14. Marion J. Simkins, President
(Name and capacity of person signing application)**

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0211, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:
Marion J. Simkins, Inc.
2. The name and address of the registered agent and office is:
Marion J. Simkins
(Name)
3780 Clyde Morris Blvd
(P.O. Box NOT acceptable)
Port Orange, FL 32119
(City/State/Zip)

Signature Marion J. Simkins
Title President
Date 8-8-96

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TALLAHASSEE FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation 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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature Marion J. Simkins
Date 8-8-96

REGISTERED AGENT FILING FEE: \$35.00