

F15000003212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

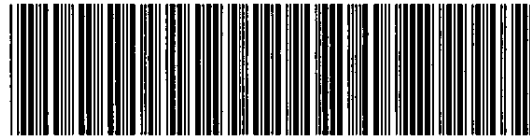
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-47062

Office Use Only



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2015 JUL 22 P 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 23 2015

J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2015

W RALPH WILLIS
324 S PLANT AVE.
TAMPA, FL 33606

SUBJECT: SIMPLIFI SERVICES, INC.
Ref. Number: W15000047062

We have received your document for SIMPLIFI SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 515A00014668

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMPLIFI SERVICES, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

W RALPH WILLS

Name of Person
SIMPLIFI BUSINESS, INC.
Firm/Company
324 S PLANT AVE.
Address
TAMPA, FL 33606
City/State and Zip code
RWILLS@SIMPLIFI.BIZ
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W RALPH WILLS	813	341-3344
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

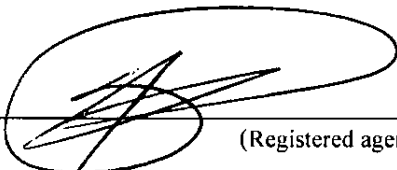
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. SIMPLIFI SERVICES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. TENNESSEE 3. 46-2830481
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/21/2013 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 07/07/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 505 BLYTHE AVE. GALLATIN, TN 37066
(Principal office address)

- (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: SIMPLIFI BUSINESS, INC.
- Office Address: 324 S PLANT AVE.
- TAMPA, Florida 33606
(City) (Zip code)

9. 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 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's signature)

10. 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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: W RALPH WILLIS

Address: 324 S PLANT AVE.
TAMPA, FL 33606

Vice Chairman: DOUGLAS ALAN PATTERSON

Address: 324 S PLANT AVE.
TAMPA, FL 33606

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DOUGLAS ALAN PATTERSON

Address: 324 S PLANT AVE.
TAMPA, FL 33606

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. W RALPH WILLIS, CHAIRMAN

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

SIMPLIFI SERVICES, INC.
SHANNON DAY
505 BLYTHE AVE
GALLATIN, TN 37066

June 29, 2015

Request Type: Certificate of Existence/Authorization
Request #: 0167564

Issuance Date: 06/29/2015
Copies Requested: 1

Document Receipt

Receipt #: 002126166 Filing Fee: \$22.25
Payment-Credit Card - State Payment Center - CC #: 163340216 \$22.25

Regarding: Simplifi Services, Inc.

Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 05/21/2013
Status: Active
Duration Term: Perpetual
Business County: SUMNER COUNTY

Control #: 720273
Date Formed: 05/21/2013
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Simplifi Services, Inc.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 012596017