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(Requestor's Name)

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(City/State/Zip/Phone #)

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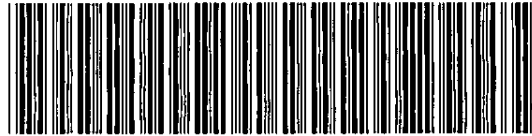
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 OCT 10 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T WASHINGTON

OCT 11 2016



September 28, 2016

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

Re: Simon's Agency, Inc.
Registration

Dear Sir/Madam:

Enclosed please find the following:

- Cover Letter;
- Certificate of Good Standing/Existence;
- Application by Foreign Corporation for Authorization to Transact Business in Florida;
- Application for Registration as Consumer Collection Agency;
- Biographical Summary;
- Check in the amount of \$87.50; Filing Fee, Certificate of Status, Certified Copy.

Please let us know if you need anything further.

Thank you.

Simon's Agency Inc.

Phil Bova
President

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TALLAHASSEE, FLORIDA

THIS IS AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.
Pay online at your convenience: www.paysimons.com

4963 WINTERSWEET DRIVE

LIVERPOOL, NY 13088

PHONE: 315.454.8700

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMON'S AGENCY, 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:

Phillip M. BOVA

Name of Person

SIMON'S AGENCY, INC.

Firm/Company

4963 WINTERSWERT DR.

Address

LIVERPOOL NY 13088

City/State and Zip code

PHIL@SIMONSAGENCY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phillip M. BOVA

Name of Person

at (315)

Area Code

454-8833

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:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. SIMON'S AGENCY, 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. NEW YORK 3. 16-1287073
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9-19-1986 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A NOT AS OF YET
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4963 WINTERSWEET DR, LIVERPOOL, N.Y. 13088
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

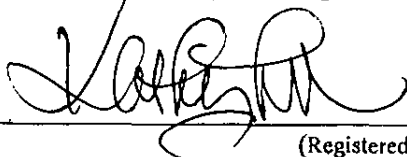
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.



Kathy Shin on behalf of InCorp Services, Inc.

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Phillip M. BOVA

Address: 4963 WINTERSWEET DR.

LIVERPOOL, NY 13088

Vice President: _____

Address: _____

Secretary: Phillip M. BOVA

Address: 4963 WINTERSWEET DR., LIVERPOOL NY 13088

Treasurer: _____

Address: _____

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

✓ 12. P.R.

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. Phillip M. BOVA, PRESIDENT / SECTY

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

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CLERK OF STATE
ALLAHSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of SIMON'S AGENCY, INC. was filed on 09/19/1986, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 25th day of August two
thousand and sixteen.*

Anthony Scardino

Executive Deputy Secretary of State