PHODOLO/1/32 TRANSMITTAL LETTER 432

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

600003440006—3 -10/26/00—01037—014 ******70.00 ******70.00

SUBJECT:	PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX
	MOST INCLUDE SUFFIX

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

Filing Fee Filing Fee & Certificate of Status

\$78.75

Filing Fee & Filing Fee Filing Fee & Filing Fee, & Certified Copy & Certificate of Status

Status
ADDITIONAL COPY REQUIRED

FROM: CAROLYN MAERS Simmonds
Name (Printed or typed)

11561 SW 9th of

Address

Pembroke Phos FL 33025

City, State & Zip

(959) 392 - Obbod

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

10 m

•	ARTICLES OF INCORPORATION		
\. \.}	In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
\$	ARTICLE I NAME:		
	The name of the corporation shall be:	_	
	MYERS Simmonds, P.A.	OB OCT TO PARTY.	
	ARTICLE II PRINCIPAL OFFICE	The second	ò
	The principal place of business/mailing address is:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	11561 SW 9th Court		'n
	Pembroke Pines, FL 33025		•
	ARTICLE III PURPOSE	· · · · · · · · · · · · · · · · · · ·	
a c	The purpose for which the corporation is organized is:		
	povide Legal Services		
	4 -		
	ARTICLE IV SHARES The number of shares of stock is:		
	12000 Shoeres		
	The name(s) and address(es):	y	
	and address(es):	•	
	ARTICLE VI REGISTERED AGENT		
-	The name and Florida street address of the registered agent is:		
	CAPOLYU MYERS- Simmon AS E89.		
	CAROLYU MYERS- Simmonds, Esq. 11561 SW 9th ct	-	
	Peniboke Pinas, FC 33025	2	
<u> </u>	RTICLE VII INCORPORATOR		
T	he name and address of the Incorporator is:	· _	
\mathcal{C}	Allolyn Myess- Simmones		
	11561 8W 9th covert		
al cal	Pembroka Pinas, FL 33025		
H	**************************************	*********	
cei	tving been named as registered agent to accept service of process for the above state rtificate, I am familiar with and accept the appointment as registered agent and agree	ted corporation at the place designated in this	
		e to act in this capacity	
C:	Olser Sinusuds	101201200	
O.I.	gnature/Registered Agent	Date /	
	algus-Sinnonds	1 -	
Sis	mature/Incorporator	10/20/ 20D	
	,	Date	