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TRANSMISSION LETTER

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

800004536318--3
-08/15/01-01050-002
*****78.75 *****78.75

SUBJECT: Simone & Company, P.A.

(Proposed corporate name - must include suffix)

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Stephen Simone

Name (printed or typed)

6439 Central Avenue

Address

St Petersburg FL 33710-8411
City, State & Zip

727-341-0272

Daytime Telephone number

01 AUG 15 PM 3:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

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Dow
8/17/01

ARTICLES OF INCORPORATION FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Simone & Company, P.A.

ARTICLE II PRINCIPAL OFFICE

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

6439 Central Avenue
St Petersburg, Fl 33710-8441

ARTICLE III SHARES

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

1000 shs
Common Stock
\$1 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Stephen Simone
6439 Central Avenue
St Petersburg, Fl 33710-8441

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Stephen Simone
6439 Central Avenue
St Petersburg FL 33710-8411

ARTICLE VI - Purposed

To operate as a Certified Public Accountancy
and Consulting Services Firm

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13th day of August xx2001

Stephen Simone
Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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:

Simone & Company, P.A.

2. The name and address of the registered agent and office is:

Stephen Simone

(Name)

6439 Central Avenue

(P.O. Box not acceptable)

St Petersburg Fl 33710-8888

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE
FLORIDA
F I L E D

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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Stephen Simone 8/13/01

(Signature)