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

SUBJECT: ALLEN S (Proposed oc	opporate name - must include suffix)
	100005001521 -02/25/0201086- *****78.75 ****
Enclosed is an original and one(1) copy of the art	icles of incorporation and a check for:
S70.00 S78.75 Filing Fee & Certificate	☐\$122.50 ☐ \$131.25 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate  ADDITIONAL COPY REQUIRED
FROM: Southwest Profess:	ional Services of South Florida, Inc. e (Printed or typed)
13571 McGregor Bly	
Fort Myers, Fl. 33	Address
	ity, State & Zip
941-481-4444	· -

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

Daytime Telephone number

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## TICLES OF INCORPORATION

indersigned incorporator, for the purpose of forming a corporation under the Florida

Business Corporation Act, hereby adopts the following Articles of Incorporation.	
ARTICLE I NAME	
1111	
The name of the corporation shall be:  ALLEN SIMMS INC.	
ACCEN	
	•
ARTICLE II PRINCIPAL OFFICE	<i>-</i>
The principal place of business and mailing address of this corporation shall be	: -
CARE CORAL, FL. 33990	
Chile out ite, it a solito	
CITYA TO TOC	
ARTICLE III SHARES	nding at any one time is:
The number of shares of stock that this corporation is authorized to have outsta	inding at tary one arrows.
1,000	•
	· · · · · · · · · · · · · · · · · · ·
ARTICLE IV INITIAL REGISTERED AGENT AND STREET	<u>r ADDRESS</u>
The name and Florida street address of the initial registered agent are:	
SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FL	ORIDA, INC.
13571 MCGREGOR BLVD. #22	
FORT MYERS FL 33919	
THE	
ARTICLE V INCORPORATOR	re
The name and address of the incorporator to these Articles of Incorporation a  ALLEN SIMMS INC.  6/1 SE 24TH ave	
Acces Similar	
611 SE 241E ave	•
CAPE CORAL, FL 33990	
Aller Simue a	7/20/2002
Signature/Incorporator	Date

(An additional article must be added if an effective date is requested.)

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 essional Services of South Florida,

Signature/Registered Agent Mitchell Stovring