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Division of Corporations

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**Florida Department of State**  
Division of Corporations  
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**To:**

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**From:**

Account Name : DAVID TORCHIN, C.P.A., P.A.  
Account Number : I19990000007  
Phone : (954) 472-3124  
Fax Number : (954) 472-0067

**FLORIDA PROFIT CORPORATION OR P.A.**

**Simons Service, Inc.**

**FILED**  
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6/26/2002

Fax Audit Number: 4020001575933

**ARTICLES OF INCORPORATION**  
**OF**

**Simons Service, Inc.**

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:

**Simons Service, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

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

Principal Place of Business:

**6539 Harbor Rd.  
North Lauderdale, FL 33068**

Mailing Address:

**6539 Harbor Rd.  
North Lauderdale, FL 33068**

Phone Number: **954-971-2681**

**ARTICLE III CAPITAL STOCK**

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

**One Thousand Shares (1000.) at One Dollar (\$1.00) par value per share.**

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**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Carlos Simons  
6539 Harbor Rd.  
North Lauderdale, FL 33068

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporators to these Articles of incorporation and the office each shall hold is(are):

President  
Carlos Simons  
6539 Harbor Rd.  
North Lauderdale, FL 33068

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 25th day of June, 2002.

Carlos Simons  
Signature

Fax Audit Number:

H020001575933

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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:

**Simons Service, Inc.**

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

**Carlos Simons**  
**6539 Harbor Rd.**  
**North Lauderdale, FL 33068**

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.

Carlos Simons

Signature

06/25/02

Date

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