P0300003/672

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SECRETARY OF STATE
ORIDA

TRANSMITTAL LETTER

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

SUBJECT:	Simmon							
	(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	Fili	5122.50 ng Fee Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate				
	ADDITIONAL COPY REQUIRED							
FROM: Levon Simmons								
Name (Printed or typed)								
7502 Lakeside Way								
Address								
	Ft. Pierce, FL 34951							
City, State & Zip								
	772-4	60	- 5813					
Daytime Telephone number								

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

ARTICLES OF INCORPORATION

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SECRETARY OF STATE

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business

Corporation And American And American Annual Corporation and American And American And American Annual Corporation and American Annu Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Simmons Transport, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7502 Lakeside Way Ft. Pierce, Fla 34951

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Levon Simmons 7502 Lakeside Way. Fd. Place FT. 34951

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Levon Simmons 7502 Lakeside Way Ft. Pierce, Fla 34951

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

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the

FILED

CERTIFICATE OF DESIGNATION OF 03 MAR 17 PM 2: 28 REGISTERED AGENT/REGISTERED OFFICE CRETARY OF STATE

TALLAHASSEE FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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	Simmons	Transport.	Inc
2.	The name and address of the regis	tered agent and office is:	•	4 •
	Levon	Simmolas (Name)		
	7502 Lg (P.O.B	OX OF Mail Drop Box NOT ACCEPTAGE	(LE)	٠
	Ft. Pierce	CITY/STATE/ZIP)		

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.

Ju-5ú 3-13-03 (SIGNATURE) (DATE)