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TALLAHASSEE, FLORIDA



TRANSMITTAL LETTER

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

SUBJECT: Sin	nply Consulting, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:	
□ \$70.00	☑ \$78.75	□ \$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
_	& Certificate of Status	& Certified Copy	Certified Copy	
		1	& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	LaVonia Magee			
11101111	Name (Printed or typed)			
	P.O. Box 17308			
	Address			
	Jacksonville, Florida 3224	5		
	City,	State & Zip	·	
	904/386-7712			
•	Daytime T	elephone number		

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

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:

Simply Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Business: 4764 Fireside Drive West, Jacksonville, Florida 32210 Mailing: P.O. Box 17308, Jacksonville, Florida 32245

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide administrative and basic accounting services to newly formed and existing businesses whose goal is to enhance their daily business activites.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

LaVonia Magee, President/Director, 4764 Fireside Drive West, Jacksonville, FL 32210 David Magee, Vice-President/Treasurer, 4764 Fireside Drive West, Jacksonville, FL 32210 Porsha Magee, Secretary, 4764 Fireside Drive West, Jacksonville, FL 32210

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LaVonia Magee 4764 Fireside Drive West Jacksonville, FL 32210

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

LaVonia Magee 4764 Fireside Drive West Jacksonville, FL 32210 STATE LORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Thate are the second of the se	10/7/03
Signature/Registered Agent LAVONIA TRA GOC	Date
Marie	10/7/03
Signature Incorporator LA VONIA MAGE	Date