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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

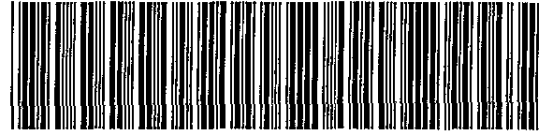
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4-11-2

TRANSMITTAL LETTER

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

SUBJECT: SIMMONS FINANCIAL SOLUTIONS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: PATRICE SIMMONS
Name (Printed or typed)

P.O. BOX 28638
Address

JACKSONVILLE, FLORIDA 32226
City, State & Zip

(904) 838-7021
Daytime Telephone 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:
SIMMONS FINANCIAL SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
P.O. BOX 28638
JACKSONVILLE, FLORIDA 32226

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
The Acquisition, selling, consulting, and educational purposes of Real Estate

ARTICLE IV SHARES

The number of shares of stock is:
1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Patrice Simmons, President/ CEO, 2922 Lagny Drive Jacksonville, Florida 32208

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
Patrice Simmons: 2922 Lagny Drive Jacksonville, Florida 32208

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Patrice Simmons: 2922 Lagny Drive, Jacksonville, Fl 32208

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature/Registered Agent

Date

Patrice Simmons

Signature/Incorporator / REGISTERED AGENT

2/2/04

Date