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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

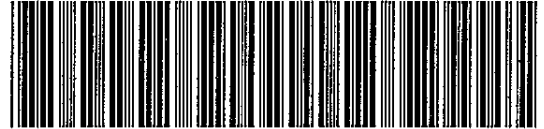
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Sims Financial Group of Tampa Bay, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Garrick T. Sims

Name (Printed or typed)

501 E. Jackson St., Suite 305

Address

Tampa, FL 33602

City, State & Zip

813-221-0168

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:

Sims Financial Group of Tampa Bay, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

501 E. Jackson St., Suite 305, Tampa, FL 33602

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide financial services and advising to individuals and businesses.

ARTICLE IV SHARES

The number of shares of stock is:

1 (one)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Garrick Sims-President.....501 E Jackson St, Ste:305., Tampa, FL 33602

ARTICLE VI REGISTERED AGENT

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

Garrick T. Sims

501 E Jackson St., Suite 305, Tampa, FL 33602

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nichole Dawson

10704 Cape Hatteras Dr. Tampa, FL 33615


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



Signature/Registered Agent

5-24-04

Date



Signature/Incorporator

5-24-04

Date

FILED

04 JUN -7 PM 4: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA