

PO4000111509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

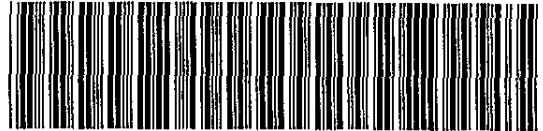
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-29-04

TRANSMITTAL LETTER

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

SUBJECT: SIMPKIN ENTERPRISES, 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: ANTHONY SIMPKIN

Name (Printed or typed)

5317 FRUITVILLE ROAD, #500

Address

SARASOTA, FLORIDA 34232

City, State & Zip

813-948-2035

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:
SIMPKIN ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
5317 FRUITVILLE ROAD, #500
SARASOTA, FLORIDA 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:
1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
ANTHONY SIMPKIN - PRESIDENT
5317 FRUITVILLE ROAD, #500
SARASOTA, FLORIDA 34232

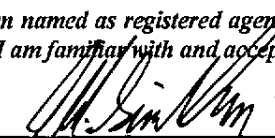
ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
ANTHONY SIMPKIN, 5317 FRUITVILLE RD, #500, SARASOTA, FL 34232

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
ANTHONY SIMPKIN, 5317 FRUITVILLE ROAD, #500, SARASOTA, FL 34232

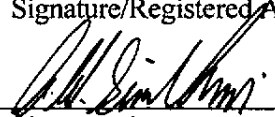
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6/18/04

Date



Signature/Incorporator

6/18/04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA