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Division of Corporations

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

FLORIDA PROFIT/NON PROFIT CORPORATION

NSIMPSON INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$70.00 |

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## **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:

NSIMPSON INC

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

107 NINA WAY  
OLDSMAR, FL 34677

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

### **ARTICLE V INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

#### **DIRECTOR AND PRESIDENT:**

NICK SIMPSON  
107 NINA WAY  
OLDSMAR, FL 34677

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

NICK SIMPSON  
107 NINA WAY  
OLDSMAR, FL 34677

**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

NICK SIMPSON  
107 NINA WAY  
OLDSMAR, FL 34677

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above 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.*

  
NICK SIMPSON / REGISTERED AGENT

10/24/06  
DATE

  
NICK SIMPSON / INCORPORATOR

10/24/06  
DATE

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