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CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: R. L. Simmons, 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: Robby Lynn Simmons  
Name (Printed or typed)

3507 Jacqueline Dr  
Address

Jacksonville FL 32277  
City, State & Zip

904-303-7924  
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:

R.L. Simmons, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3507 Jacqueline Dr  
Jacksonville, FL 32277

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Trim Carpenter

## ARTICLE IV SHARES

The number of shares of stock is:

One

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robby Lynn Simmons (President)  
3507 Jacqueline Dr  
Jacksonville, FL 32277

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Robby Lynn Simmons  
3507 Jacqueline Dr  
Jacksonville, FL 32277


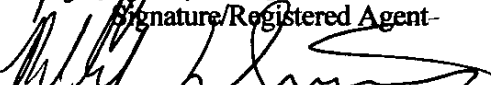
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robby Lynn Simmons  
3507 Jacqueline Dr  
Jacksonville, FL 32277

\*\*\*\*\*

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-  
  
\_\_\_\_\_  
Signature/Incorporator

11-9-06  
Date  
11-9-06.  
Date

FILED  
NOV 13 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA