

POW000153743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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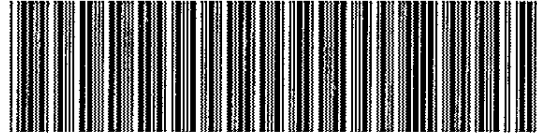
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEC 14 2006

*Handwritten signature*

## COVER LETTER

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

SUBJECT: OscarSimone Corporation  
(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: simone Morris  
Name (Printed or typed)

3319 nw 23rd crt  
Address

Coconut Creek FL, 33066  
City, State & Zip

954-793-6899  
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:

OSCARSIMONE Corporation

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3319 NW 23RD CRT , Coconut Creek, FL, 33066

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Service clients in the field of Customer Service Care

## 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):

Simone Morris -PRESIDENT

## ARTICLE VI REGISTERED AGENT

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

Simone Morris/3319 NW 23 CRT, Coconut Creek, FL, 33066

## ARTICLE VII INCORPORATOR

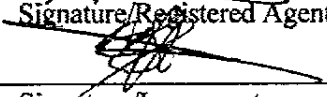
The name and address of the Incorporator is:

Simone Morris/ 3319 nw 23rd crt, Coconut Creek, FL, 33066

\*\*\*\*\*

*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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

FILED  
NOV 14 11 9:32  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA