

P09000037523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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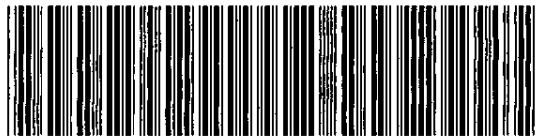
(Business Entity Name)

(Document Number)

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

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04/10/09--01019--008 \*\*78.75

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09 APR 17 AM 12:55

RECEIVED OF 41116

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## COVER LETTER

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

SUBJECT: SIMARD, 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: RICHARD SIMARD  
Name (Printed or typed)

949 N. POWERLINE ROAD  
Address

FORT LAUDERDALE FL 33311  
City, State & Zip

786-315-0073  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2009

RICHARD SIMARD  
949 N POWERLINE ROAS  
FORT LAUDERDALE, FL 33311

SUBJECT: SIMARD INC.  
Ref. Number: W09000017229

We have received your document for SIMARD INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Paisley A Alford  
Clerk  
New Filing Section

Letter Number: 009A00012341

## 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: SIMARD INC.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: SAME  
949 N. POWERLINE RD  
FT LAUDERDALE FLA 33311

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RICHARD SIMARD - OWNER  
8881 NW 5TH STREET  
P. P. FLA 33024

(Pembroke Pines)

### ARTICLE VI REGISTERED AGENT

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

A.J. SCHWEDCKE  
949 N. POWERLINE RD  
FT. LAUD. FLA 33311

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RICHARD SIMARD  
8881 NW 5TH ST  
P. P. FLA 33024

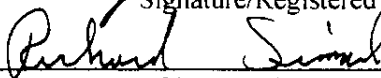
(Pembroke Pines)

\*\*\*\*\*

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

4-5-09

Date

4/4/2009

Date