

009000037525

(Requestor's Name) _____

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(City/State/Zip/Phone #) _____

PICK-UP WAIT MAIL

(Business Entity Name) _____

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

(Document Number) _____

Certified Copies _____ Certificates of Status _____

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CLERK'S OFFICE
CITY OF PORTLAND
REGISTRATION &
LIENS DEPARTMENT

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:

CONSULTANT

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. SCHWEADKE
949 N. POWERLINE RD
FT. LAUD, FLA 33311**

ARTICLE VII INCORPORATOR

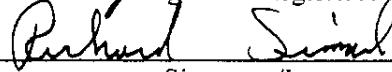
The name and address of the Incorporator is:

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

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