

711000088527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

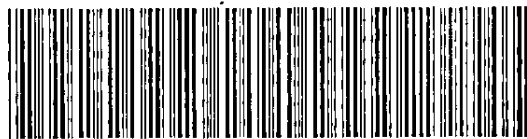
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/11/11--01001--012 **236.25

FILING CANCELLED
RETURNED CHECK

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 OCT 10 PM 4:30

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 10 PM 4:37

FILED

J. [Signature] OCT 10 2011

COVER LETTER

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

SUBJECT: Simple Financial Services Corp
(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: OMAR SMITH
Name (Printed or typed)

367 BERENGER WALK
Address

RPB FL 33414
City, State & Zip

561 401 0588
Daytime Telephone number

OMAR123@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

FILING CANCELLED
RETURNED CHECK

ARTICLE I NAME

The name of the corporation shall be: **Simple Financial Services Corp**

ARTICLE II PRINCIPAL OFFICE

Principal street address

2121 WEST PENSACOLA
Suite B1
Tallahassee FL 32304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any & All Legal Business

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ORVILLE CASSINOVA**

Address: **2121 W PENSACOLA ST**

Suite B1

Tallahassee FL 32304

Tallahassee

Name and Title: **OMAR SMITH**

Address: **2121 W PENSACOLA ST**

Tallahassee FL 32304

Tallahassee

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: **OMAR SMITH**

Address: **2121 W PENSACOLA ST B1**

Tallahassee FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **OMAR SMITH**

Address: **2121 W PENSACOLA ST B1**

Tallahassee FL 32304

Tallahassee

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

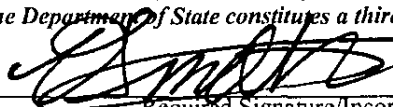


Required Signature/Registered Agent

10-10-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10-10-11

Date

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