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(Requ	iestor's Name)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

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SEUNCTANT OF STATE
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## **COVER LETTER**

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

## Simone Construction Company Incorporated (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 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Paul Simone Name (Printed or typed) 4017 Tampa Road Address Oldsmar, FL 34677 City, State & Zip 813-798-0302 Daytime Telephone number paul@simone-development.com

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	Simone Construct  RINCIPAL OFFICE  Principal street address  Road		lress, if different is:
Oldsmar,	FL 34677		
	h the corporation is organized is:  S, condos, and other resident		
		,	
The number of shares	HARES of stock is: 1000		13 MAY 28 PM SECRETARY OF ALLAHASSEE, F
	Paul Simone/President	Name and Title:	
Address	2993 Talon Drive	Address:	DH 2
radios	Clearwater, FL 33761		
Name and Ti	Donato Simone/VP	Name and Title:	
Address	9214 18th Dr. NW	Address:	
	Bradenton, FL 34209	-	
Name and Ti	Anita Simone/Secretary/Treasurer	. Name and Title:	
	2993 Talon Drive		
Address	ZOOO TOIOIT BITVE	Address:	

Name ar	nd Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT  Torida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Paul Simone	, ot the registered agent to
Address:	2993 Talon Drive	<del></del>
71007005.	Clearwater, FL 33761	
ARTICLE VII	INCORPORATOR	LAHASS
The name and a	ddress of the Incorporator is:	mg Pa
Name:	Paul Simone	
Address:	2993 Talon Drive	22 RID
	Clearwater, FL 33761	<del>_</del>
	med as registered agent to accept service of proc am familiar with and accept the appointment as	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
Tawk		5-22-13
	Required Signature/Registered Agent	Date
I submit this do	cument and affirm that the facts stated herein a Department of State constitutes a third degree fe	tre true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.
	Required Signature/Incorporator	5-22-13 Date