

COVER LETTER

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

SUBJECT: SANDRA L SIMS, PA
(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
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **Sandra L Sims**
Name (Printed or typed)
337 Vintage Bay Dr.#11
Address
Marco Island FL. 34145
City, State & Zip
239-393-1350
Daytime Telephone number
marcosandi@comcast.net
E-mail address: (to be used for future annual report notification)

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

HERBERT J. BUCK
ACCOUNTANTS, INC.
ACCOUNTANTS / TAX SPECIALISTS
5405 JAEGER ROAD
NAPLES, FLORIDA 34109

MEMBER OF NATIONAL SOCIETY
OF TAX PROFESSIONALS

(239) 514-4244
Fax: 514-4243

PERSONALIZED & PROFESSIONAL
TAX & ACCOUNTING SERVICES

November 13, 2013

Florida Division of Corporations
PO BOX 6327
TALLAHASSEE, FL 32314

Re: Sandra L Sims PA
EIN# 45-3733946

FILED
13 NOV 19 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern:

I will not revoke the dissolution of Sandra L Sims Pa. and release the name to be filed by another entity.

If you should need any additional information please do not hesitate to contact me at 239-393-1350.

Sincerely,


Sandra L Sims

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:

Sandra L Sims, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

337 Vintage Bay Dr

Marco Island FL 34145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate sales.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandra L Sims

Name and Title: _____

Address

President

Address: _____

337 Vintage Bay Dr

Marco Island FL 34145

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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13 NOV 19 AM 10:01
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Sandra L Sims
Address: 337 Vintage Bay dr
Marco Island FL 34145

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13 NOV 19 AM 10:01
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Sandra L Sims
Address: 337 Vintage Bay Dr
Marco Island FL 34145

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,

Sandra L Sims

Required Signature/Registered Agent

11/13/13

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.

Sandra L Sims

Required Signature/Incorporator

11/13/13

Date