

PK4000055053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

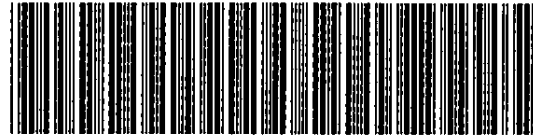
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MTD 6/25

COVER LETTER

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

SUBJECT: Larry Simmons and Associates, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Larry E. Simmons
Name (Printed or typed)

17818 Sandpine Trace Way
Address

Tampa, FL 33647-2943
City, State & Zip

(813) 428-6848
Daytime Telephone number

lsimmons@lsimmonsassoc.com
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: Larry Simmons and Associates, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

17818 Sandpine Trace Way
Tampa, FL 33647-2943

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To provide consultation services to programs of nursing
education in areas of faculty development, curriculum
construction and revisions, test development and construction,
test item construction.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Larry E Simmons, President</u>	Name and Title:	<u>Luiz G Chaves, Secretary</u>
Address	<u>17818 Sandpine Trace Way</u> <u>Tampa, FL 33347-2943</u>	Address:	<u>17818 Sandpine Trace Way</u> <u>Tampa, FL 33647-2943</u>

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

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

(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: Larry E Simmons
Address: 17818 Sandpine Trace Way
Tampa, FL 33647-2943

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ARTICLE VII INCORPORATOR

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

Name: Larry E Simmons
Address: 17818 Sandpine Trace Way
Tampa, FL 33747-2943

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

Larry E Simmons Required Signature/Registered Agent 6/19/14 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.

Larry E Simmons Required Signature/Incorporator 6/19/14 Date