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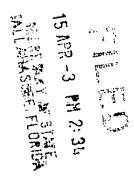
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## **COVER LETTER**

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

## SUBJECT: Simms Realty Investments, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 \$78.75 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Scott L Simms Name (Printed or typed) 4915 San Rafael St Address Tampa FL 33629 City, State & Zip 813-478-8684

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

Daytime Telephone number

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

scottsimms11@gmail.com

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

	ME Simms Realty Inventor Simms Realty Inventor I		
4015 San Ba	Principal <u>street</u> address		ailing address, if different is:
4915 San Rafael St		P.O.Box 10555	
Tampa FL 3	3629	rampa	a FL 33679
ARTICLE III PUT The purpose for which	the corporation is organized is:	state Consu	Itant and Sales
			PR
ARTICLE IV SH The number of shares of	ARES 100		
The number of shares of	f stock is:		
The number of shares of ARTICLE V IN	f stock is:		3 PM 2: 34
ARTICLE V IN.  Name and Tit	f stock is:	Name and Title:_	3 PM 2: 34
The number of shares of ARTICLE V IN	rtial officers and/or director le: Scott L Simms/ President		3 PM 2: 34
The number of shares of ARTICLE V IN.  Name and Tit  Address	TIAL OFFICERS AND/OR DIRECTOR  Scott L Simms/ President  4915 San Rafael St  Tampa FL 33629	Name and Title:_ Address:	3 PM 2: 34 SEE FLORIDA
The number of shares of ARTICLE V IN.  Name and Tit  Address	ration is: 100 TITIAL OFFICERS AND/OR DIRECTOR Ie: Scott L Simms/ President 4915 San Rafael St	Name and Title:_ Address: Name and Title:_	3 PM 2: 34 SEE FLORIDA
The number of shares of ARTICLE V IN.  Name and Tit.  Address  Name and Titl	ratial officers and/or director Scott L Simms/ President 4915 San Rafael St Tampa FL 33629	Name and Title:_ Address: Name and Title:_	3 PM 2: 34 SEE FLORIDA
ARTICLE V IN.  Name and Tit  Address  Name and Titl  Address	ratial officers and/or director Scott L Simms/ President 4915 San Rafael St Tampa FL 33629	Name and Title:_ Address: Name and Title:_ Address: Address:	3 PM 2: 34 SEE FLORIDA

Name and	d Title:	Name and Title:
Address		Address:
		<u> </u>
ARTICLE VI	REGISTERED AGENT	
The name and Fl	orida street address (P.O. Box NOT acceptable	of the registered agent is:
Name:	Scott L Simms	
Address:	4915 San Rafael St	
	Tampa FL 33629	<del>-</del>
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the incorporator is:	
Name:	Scott L Simms	
Address:	4915 San Rafael St	
	Tampa FL 33629	<del>_</del>
		ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	171	12/22/2014
	Required Signature/Registered Agent	Date
	rument and affirm that the facts stated herein of 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.
	17/	12/22/2014
	Required Signature/Incorporator	Date