## P16000 87813

(Requestor's Name)					
(Address)					
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
	:				

Office Use Only



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## **COVER LETTER**

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

SUBJECT: Steven	Simmons, P.A.					
SUBSECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INČL</u> I	UDE SUFFIX)			
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	d 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 REQUIR				
	even T. Simmons, Jr.  Name	e (Printed or typed)	<u> </u>			
27	06 Broad Wing Ave.					
_		Address				
Pa	nama City, Florida 32405					
	City, State & Zip					
(9	04) 885-6463					
	Daytime T	elephone number				
Ste	even(a) stevensimmonslaw.com					
	E-mail address: (to be use	d for future annual report i	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)

The name of the corpora	Steven Simmons, P.A.	- <u>-</u>		
ARTICLE II PRINC 2706 Broad Wing Ave.	Principal street address		Mailing 2310 S Hwy 77, 9	address, if different is: Suite 110, #347
Panama City, Florida 32405			Lynn Haven, Florida 32444	
	DSE To er the corporation is organized is:		<u> </u>	ice of law and all its fields of
	ne professional service involved only			
	lly licensed or otherwise legally auth			··
service at this corporati				
	al and personal property as permitted	d by law and/or	necessary for the	rendering of the professional
	zed, and to engage in no other busine	· <del></del>		
	0 0		_	
	Steven T. Simmons, Jr President	<u>RS</u>	and Title:	
Address	2310 S Hwy 77, Suite 110 #347	Addre	ss:	
	Lynn Haven, Florida 32444		•	
		<del> </del>		
Name and Title	:	Name	and Title:	-
Address		Addre	ss:	
Name and Title	:	Name	and Title:	
Address		Addre		

Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT		
Name:	lorida street address (P.O. Box NOT acceptab Steven T. Simmons Jr.	le) of the registered agent is:	
Address:	2706 Broad Wing Ave.		
	Panama City, Florida 32405		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	Steven T. Simmons Jr.		
Address:	2310 S Hwy 77, Suite 110 #347		
	Lynn Haven, Florida 32444		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if (If an effective of days after the fi	other than the date of filing: date is listed, the date must be specific and cling.)	(OPTIONAL annot be more than five busin	L) ess days prior or 90 business
Note: If the date	e inserted in this block does not meet the applic effective date on the Department of State's reco		nts, this date will not be listed as
	med as registered agent to accept service of pr		
this certificate, I	am familiar with and accept the appointment o	s registered agent and agree to	act in this capacity
	Required Signature/Registered Agent		
	cument and affirm that the facts stated herein Department of State constitutes a third degree		
) +	rreparament of State constitutes a intra degree.	ietony us proviueu jor in 5,817.1	
Requ	ired Signature/Incorporator	<u></u>	10/27/16 Date