

KEVIN M. LAMONTAGNE  
ATTORNEY AT LAW

640 EAST OCEAN AVENUE  
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DOYERDOR BEACH, FLORIDA 33435

(407) 232-0100

RECEIVED (407) 232-0100

P95000072007

September 11, 1995

Corporate Records Bureau  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

600001584946  
-09/14/95--01065--012  
\*\*\*\*122.50 \*\*\*\*122.50

RE: Articles of Incorporation for Simple Works, Inc.

Dear Sir:

Please accept for filing the Articles of Incorporation for Simple Works, Inc. I enclose a check in the amount of \$122.50, representing \$35.00 for the filing fee, \$35.00 for the designation of registered agent, and \$52.50 for a certified copy of the Articles of Incorporation.

I enclose a copy of the Articles of Incorporation which you may use to prepare the certified copy. I also enclose a stamped, self-addressed envelope for your convenience.

Very truly yours,

*Kevin M. LaMontagne*

Kevin M. LaMontagne

KML/hm

Enclosures

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 14 PM 4:06  
29/18

ARTICLES OF INCORPORATION  
OF

SIMPLE WORKS, INC.

The undersigned, for the purposes of forming a corporation under and pursuant to the laws of the State of Florida, hereby adopts the following Articles of Incorporation:

ARTICLE I  
NAME

The name of the corporation is Simple Works, Inc.

ARTICLE II  
PURPOSES

The corporation is organized to transact any or all lawful business and engage in any activity for which corporations may be organized.

ARTICLE III  
CAPITAL STOCK

The number of shares which the corporation is authorized to issue is One Thousand (1,000).

ARTICLE IV  
REGISTERED OFFICE

The street address of the initial registered office of the corporation is 640 East Ocean Avenue, Suite 16, Boynton Beach, Florida 33435. The name of its initial registered agent at such address is Kevin M. LaMontagne.

ARTICLE V  
PRINCIPAL OFFICE

The address of the principal office of the corporation and its mailing address is 6268 Windlass Circle, Boynton Beach, Florida 33437.

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SECRETARY OF STATE  
SEP 14 PM 4:06 PM

ARTICLE VI  
SECTION 1244 STOCK

The stock of this corporation is intended to qualify under the requirements of Section 1244 of the Internal Revenue Code and the regulations issued thereunder. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

ARTICLE VII  
INCORPORATOR

The name and address of the incorporator is Thomas A. Black, 6268 Windlass Circle, Boynton Beach, Florida 33437.

  
\_\_\_\_\_  
THOMAS A. BLACK  
Incorporator

STATE OF FLORIDA  
COUNTY OF PALM BEACH

On this 7th day of September, 1995, before me appeared Thomas A. Black, who produced a Florida driver's license as identification and who did not take an oath and who acknowledged that he executed the foregoing instrument for the purposes therein expressed.

  
\_\_\_\_\_  
Notary Public (SEAL)

My commission expires:



KEVIN M. LAMONTAGNE  
COMMISSION # CC306915  
EXPIRES AUG 9, 1997  
Atlantic Bonding Co., Inc.  
800-732-2245

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 14 PM 4:00

ACCEPTANCE BY REGISTERED AGENT

I acknowledge that I am familiar with the obligations of the position of registered agent, and I heroby accept the aforesaid designation as registered agent.

Kevin M. LaMontagne  
Kevin M. LaMontagne

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 14 PM 4:06

95000072004  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Simple Works, Inc. EIN or SS#: 65-062-7356

Address: 6268 Windlass Circle  
Boynton Beach, FL 33437

Amount: \$150.00 Date Paid \_\_\_\_\_

Reason for claim: 95000072004 - overpayment

Certified true and correct this 22<sup>nd</sup> day of August, 19 96:

Signature Kennie A. Black

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

| For Agency Use Only   |   |
|---|---|
| Agency recommends approval of above claim and submits the following information to substantiate the claim:      | Amount of recommended refund \$ <u>150.00</u> |
| The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on |   |
| State Treasurer's Receipt No. <u>01065</u> dated <u>8/20/96</u>   |   |
| Name of Account <u>036</u>  |   |
| 45202130001453000000000010000   |   |
| Statutory Authority for Collection <u>601</u>   |   |
| It is requested that payment be made from the following account:  |   |
| NAME OF ACCOUNT <u>036</u>  |   |
| 452021300014530000000022002000  |   |
| Certified true and correct this _____ day of _____, 19 _____  |   |
| Department of State, Division of Corporations   |   |
| (Agency)  | (Authorized Signature and Title)              |