

TRANSMITTAL LETTER

P960000004226

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

600001674708  
-01/02/96--01023--016  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: ALEXICA 2, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: ELEANOR SIMMONS  
Name (printed or typed)

113 RAMON WAY N.E.  
Address

ST. PETERSBURG FL 33704  
City, State & Zip

813-895-8203  
Daytime Telephone number

*Smc  
1-5-96  
1-12-96*

*615,611*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 DEC 29 PM 2:25

FILED

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthum  
Secretary of State

409 E. Gaines St.  
Tall. 32399

January 5, 1996

ELEANOR SIMMONS  
113 RAMON WAY N.E.  
ST. PETERSBURG, FL 33704

SUBJECT: ALEXICA 2, INC.  
Ref. Number: W96000000415

We have received your document for ALEXICA 2, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie  
Corporate Specialist Supervisor

Letter Number: 596A00000693

*Doris —*  
*Per our conversation, please make this corporation effective with a 1995 filing date.*

*Thank you.*

*Sincerely,*

*Eleanor Simmons*

**ARTICLES OF INCORPORATION**

**FILED**

95 DEC 29 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

ALEXICA 2, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

113 RAMON WAY NE  
ST. PETERSBURG, FL 33704

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

ELEANOR SIMMONS LEANDER L  
113 RAMON WAY NE  
ST. PETERSBURG, FL 33704

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ELEANOR SIMMONS  
RICHARD SIMMONS  
ALEXANDRA SIMMONS } 113 RAMON WAY NE  
ST. PETERSBURG FL

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27 day of December, 19 95.

Eleanor Simmons

Signature

Richard Simmons

Signature

Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**FILED**

95 DEC 29 PM 2:25

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

ALEXICA 2 INC.

2. The name and address of the registered agent and office is:

Eleanor Simmons

(NAME)

113 RAMON WAY NE

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

St. PETERSBURG FL 33704

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Eleanor Simmons

(SIGNATURE)

1/9/96

(DATE)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 OCT 18 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000004226

1. Corporation Name

ALEXICA 2, INC.

Principal Place of Business

113 RAMON WAY NE  
ST. PETERSBURG FL 33704

Mailing Address

113 RAMON WAY NE  
ST. PETERSBURG FL 33704

If above addresses are incorrect in any way, list through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/29/1995

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SB 75: Additional Fee required  
for certificate of status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officer and/or Director	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	E. Simmons	same as above	100001989931--8 -10/30/96--01024--018 ****375.00 ****375.00
VP	R. Simmons	"	
VP	A. Simmons	"	

8. Name and Address of Current Registered Agent

SIMMONS, ELEANOR  
113 RAMON WAY NE  
ST. PETERSBURG FL 33704

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Eleanor Simmons

REGISTERED AGENT MUST SIGN

Date

10/17/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

ELEANOR SIMMONS

SIGNATURE:

Eleanor Simmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/96)