

TRANSMITTAL LETTER
P96000004226

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

PRODID: 16747016
-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 PL 33708

City, State & Zip

813-895-8203

Daytime Telephone number

*QMC
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.



404 E. Gaines St.
Tall. 32391

FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State

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) totalling \$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 Eleanor 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 FILED
REGISTERED AGENT/REGISTERED OFFICE**

95 DEC 29 PM 2:25

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, FLORIDA, 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: ALEXICIA 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)

Si. 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
(SIGNATURE)

1/9/96
(DATE)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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

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96 OCT 18 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1985

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED SR 74 Address for corporate
use of a certificate of status

7. Name and Street Address 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	1000001959931--8 -10/30/96--01024-018 *****375.00 *****375.00
VP	R. SIMMONS	II	
VP	A. SIMMONS	II	

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	Zip Code

CR2E40 (7/96)

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 #

0070000 AF