

896000067681

TRANSMITTAL LETTER

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

400001910594  
-08/01/96--01040--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Community Services of Florida, 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:

Scott L. Simms

Name (printed or typed)

4915 San Rafael

Address

Tampa FL 33629

City, State & Zip

(813) 874-0928

Daytime Telephone number

FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

96 AUG 14 PM 3:00

FILED

W96-16191

AL JUL 14 1996

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 2, 1996

SCOTT L. SIMMS  
4915 SAN RAFAEL  
TAMPA, FL 33629

SUBJECT: COMMUNITY SERVICES OF FLORIDA, INC.  
Ref. Number: W96000016191

We have received your document for COMMUNITY SERVICES OF FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6928.

Agnes Lunt  
Corporate Specialist

Letter Number: 996A00037064

**ARTICLES OF INCORPORATION**

FILED

96 AUG 16 PM 3:00

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:

*Statewide Community Services, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

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

*PO Box 10555  
Tampa, FL 33629*

**ARTICLE III SHARES**

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

*100 One Hundred*

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

The name and address of the initial registered agent is:

*Scott L Simms  
4915 San Rafael  
Tampa, FL 33629*

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):

Scott L. Simms  
4915 San Rafael  
Tampa, FL 33629

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

29<sup>th</sup> day of July, 19 96.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Notarization is not required

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**

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:

Statewide Community Services, Inc.

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

Scott L. Simms  
(NAME)

4915 San Rafael  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tampa, Florida 33629  
(CITY/STATE/ZIP)

95 AUG 14 PM 3:00  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

*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.*

[Signature]  
(SIGNATURE)

7/29/96  
(DATE)