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

The Simpson Agency

(Proposed corporate name - must include suffix)

SUBJECT: \_

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inclos or :	ed is an original	and one (1) co	ppy of the articles o	f incorporation and a	check
	FROM:		STMPSON ne (printed or typed)	70000203 -12/24/96 ****131.	372077  01114016  25 ****131.25
			Choctaw Address		
		Des	Fin, FL 3 City, State & Zip	3254/	
		(904)	837-0009	7	

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

Daytime Telephone number

# ARTICLES OF INCORPORATION

OF

The Simpson AGENCY, Inc

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:

The Simpson Agency, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

604 Choctaw Dr Destin, FL 32541

### ARTICLE III SHARES

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

Five Hundred Shares at a parvalue of ONE DOLLAR (\$1.00) each.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Pat Denny 238 Shumpert St N.W. Ft. Walton Beach, FL 32548

### ARTICLE V INCORPORATOR(S)

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

JACK SIMPSON, Pres. Sec, Ireas. 604 Chochaw Dr Destin, FL 32541 (904) 837-0204

Jan Linn

Signature

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: The SIMPSON Agenc	y, Iv	ic.	
2.	The name and address of the registered agent and office is:  Patricia Denny	TAL	96	*
	(Name)	E 経		
	238 Shumpert St N.W.	TARY O	DEC 23	FILE
	(P.O. Box not acceptable)	r of st	AH I	Ö
	$\frac{\text{FWB}}{\text{(City/State/Zip)}}$	ATE	85 :01 HV	

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)