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Department of State

Department of State

TALLAHASSEE. FLORIDA

Division of Corporations

P. O. Box 6327

P. O. Box 6327
Tallahassee, FL 32314

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SUBJECT: Stephen B. Simmons, 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

Filing Fee & Certificate

\$122.50

Filing Fee & Certified Copy

\$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

ROM. Stephen B. Simmons

Name (Printed or typed)

4144 McLeod Drive

Address :

Tallahassee, FL 32303

City, State & Zip

904-562-5479

Daytime Telephone number of

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

ARTICLES OF INCORPORATION OF STEPHEN B. SIMMONS, INC.

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles TATE Incorporation.

ARTICLE I Name of Corporation

The name of the corporation shall be Stephen B. Simmons, Inc.

ARTICLE II Principal Office

The principal place of business and mailing address of this corporation shall be 4144 McLeod Drive, Tallahassee, Florida 32303.

ARTICLE III Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is ten (10).

ARTICLE IV Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent are Stephen B. Simmons, 4144 McLeod Drive, Tallahassee, Florida 32303.

ARTICLE V Incorporator

The name and address of the incorporator to these Article of Incorporation are Stephen B. Simmons, 4144 McLeod Drive, Tallahassee, Florida 32303:

Signature/Incorporator

Date

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/Registered Agent

':Dato