## P9700072735

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97 AUG 21 PM 12: 27

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT:		Sew & ASSOCIUM Porate name - must include		_	
		C	00002274 -08/21/97 ****131.25	01107~-006	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for					
□ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
	•	ADDITIONAL CO	PY REQUIRED		
FROM: GERMED P. SIMPSON Name (Printed or typed)  3621 SW BIMIN) CIRCLE N. Address					
-			390_		
	(561) 28 Daytime T	7-0470 clephone number			

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

## ARTICLES OF INCORPORATION

ARTICLE I

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The undersigned incorporator, for the purpose of forming a corporation under the Florida SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name of the corporation shall be.
GERARD P. SIMPSON of ASSOCIATES, INC.
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:
3621 S.W. BIMINI CIRCLE N.
PARM CTT, FL. 34990
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:  GERAZD P. SIMPSON
BOZI S.W. BIMINI CIRCE N. PAZIKCITY, FL. 34990
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
3621 5W BIMINI CIRCLE N.
Phin City, FL. 34980
Tensed Lingson \$/18/97
Signature Incorporator Date

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

Hiving 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/Registerou Agent

Date