# P98000107178 TRANSMITTAL LETTER

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

400002720354--2 -12/23/98--01026--024 \*\*\*\*131.25 \*\*\*\*\*87.50

| SUBJECT:       | SIMO                  | ONSON and S<br>(Proposed corpor        | IMONSON, INC.<br>ate name - must include si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | uffix)                                                    | <u>- *=</u>                     | <del></del>                             | -<br>- <del>1/22</del> |
|----------------|-----------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------|-----------------------------------------|------------------------|
| Enclosed is an | original and o        | ne(1) copy of t                        | ne articles of incorpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ration and a chec                                         | k for :                         |                                         |                        |
|                | \$70.00<br>Filing Fee | \$78.75<br>Filing Fee<br>& Certificate | \$122.50<br>Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$131.25<br>Filing Fee,<br>Certified Cop<br>& Certificate |                                 |                                         | ***                    |
| FROM           | PAT M.                | FOWLER, P                              | the state of the s | -3. <sup>077</sup> -485                                   | - •                             |                                         |                        |
|                |                       | Name (Printed or typed)                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                 |                                         |                        |
|                | 155-5                 | 155-5 BLANDING BLVD.                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                 |                                         |                        |
| _              |                       | Address                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                 |                                         |                        |
| -              | ORANGE                | -                                      | 98'DEC<br>DIVIGION O<br>TALLAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |                                 |                                         |                        |
|                |                       | City, State & Zip                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                 | *************************************** |                        |
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|                |                       | Daytime                                | : Telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           | PH 4: 47  GOORATIONS E, FLORIDA | J                                       |                        |

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

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#### ARTICLES OF INCORPORATION

OF

## Simonson and Simonson, Inc.

undersigned The incorporator hereby corporation under Chapter 607 of the laws of the State Florida.

#### ARTICLE I. NAME

The name of the corporation shall be:

Simonson and Simonson, Inc.

The address of the principal office of this corporation shall be 5368 Angus Road, Middleburg, Florida 32068, and the mailing address of the corporation shall be the same.

## ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500 shares of common stock having \$1 par value per share.

#### ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 155-5 Blanding Blvd., Orange Park, Florida 32073, and the name of the initial

registered agent of the corporation at that address is Pat M. Fowler, P.A.

# ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE VI. OFFICERS

The names and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Robert Gary Simonson
President, Secretary/ Treasurer

5368 Angus Road Middleburg, FL 32068

# ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Pat M. Fowler, P.A.

155-5 Blanding Blvd.

Orange Park, Florida 32073

IN WITNESS WHEREOF, the undersigned agent of Pat M. Fowler, P.A., has hereunto set their hand and seal of Pat M. Fowler, P.A., on December 21, 1998.

PAT M. FOWLER, P

By:

Its President, Pat M. Fowler

# ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Pat M. Fowler, P.A., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statues.

PAT M. FOWLER, P.A.

Bv:

Its President, Pat M. Fowler

98 DEC 23 PH 4: 47

PIVISION OF CORE ORATIONS
TALL AHASSEE, FLORIDA