

TRANSMITTAL LETTER

P9900000 3134

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

900002717919--2
-12/21/98--01109--018
*****87.50 *****87.50

La Belle Simone

SUBJECT:

SIMONE, 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Simone Rubenstein

Name (Printed or typed)

448 Hollywood Mall

Address

Hollywood Florida 3302

City, State & Zip

954-987-0518

Daytime Telephone number

FILED
99 JAN 12 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BROCK JAN 12 1999

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

*W58-28802
02544*



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 24, 1998

SIMONE RUBENSTEIN
448 HOLLYWOOD MALL
HOLLYWOOD, FL 33021

SUBJECT: SIMONE, INC.
Ref. Number: W98000028802

We have received your document for SIMONE, INC. and your check(s) totaling \$87.50. 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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6925.

Barbara Brock
Document Specialist

Letter Number: 198A00060371

ARTICLES OF INCORPORATION

The undersigned incorporator 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: **LA BELLE SIMONE, INC.**

ARTICLE II PRINCIPAL OFFICE

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

**448 HOLLYWOOD MALL
HOLLYWOOD FLORIDA 33021**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **100 SHARES**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**SIMONE RUBENSTEIN
448 HOLLYWOOD MALL
HOLLYWOOD FLORIDA 33021**

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

**SIMONE RUBENSTEIN
448 HOLLYWOOD MALL
HOLLYWOOD FLORIDA 33021**

100% OWNERSHIP

The undersigned incorporator has executed these Articles of Incorporation
this

____ 11 ____ day of ____ DECEMBER ____, 1998



Signature

**ARTICLES OF INCORPORATION
FILING FEE - \$**

**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: **LA BELLE SIMONE, INC.**

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

SIMONE RUBENSTEIN

Name

448 HOLLYWOOD MALL

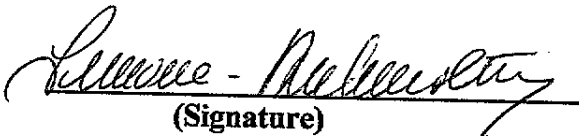
(P.O. Box not acceptable)

HOLLYWOOD FLORIDA 33021

(City/State/Zip Code)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated Corporation at the place designed in this certificate, I hereby accept the appointment as register 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 position as register agent.


(Signature)

1/4/99
(Date)

DIVISIONS OF CORPORATION, P.O. BOX 6327, TALLAHASSEE, FL. 32314