CAPITAL CONNECTION, INC. 73583

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
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ARTICLES OF INCORPORATION

99 AUG 18 AM 11: 40
TALLAHASSEE, FLORIDA

OF

SIMONE AMUSEMENTS, INC.

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

ARTICLE I: NAME

The name of the corporation is SIMONE AMUSEMENTS, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 1825 S.W. 22nd Court, Cape Coral, FL 33991.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having no par value.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is James S. Puccio, Attorney & Counsellor, Chtd., 13180 N. Cleveland Ave., Fort Myers, FL 33903.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is

Kristine L. Simone Craig Simone

1825 S.W. 22nd Court, Cape Coral, FL 33991.

The undersigned has executed these Articles of Incorporation this 17th day of August, 1999.

"Capital Connection, Inc. by Lauren Strong, Client Representative"

Lauren Strong

99 AUS 18 AM 11:40 CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes VA the mentioned 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 1	the	corporat:	lon is:	SIMONE	AMUSEMEN	TS, INC.	
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2.	The	name	and	. et	reat_addr	ess of	the re	gistered	agent and	office
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HAVE 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.