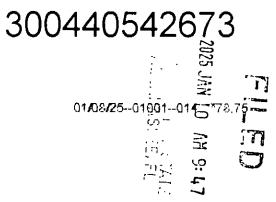
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(Re	equestor's Name)	·		
(Ad	idress)			
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(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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## **CORPORATE** ACCESS,

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### WALK IN

		***************************************	
	PIC	K UP: JENA 1/8	
•	XX CERTIFIED COPY		2025
	РНОТОСОРУ		
	CUS		
XX	FILING	INC	99 5
1.	SIMPLEFY, INC. (CORPORATE NAME AND DO	OCUMENT#)	<b>7</b>
2.	(CORPORATE NAME AND DO	OCUMENT#)	
3.	(CORPORATE NAME AND DO	OCUMENT #)	
4.	(CORPORATE NAME AND DO	OCUMENT #)	
5.	(CORPORATE NAME AND DO	OCUMENT #)	
6.	(CORPORATE NAME AND DO	OCUMENT #)	·
SPECIAI	LINSTRUCTIONS:		
	-		
	-		

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

he name of the corpora	Simplefy FL, Inc.			
Principal street address 769 Helmsley Circle Vindermere, FL 34786			Mailing address, if different is:	
RTICLE III PURP	OSE the corporation is organized is:	s Services		
			2025	
			JAN T	
			5	
TRICLE IV SHAR The number of shares of	ES 2,000,000 stock is:	<del></del>		
	AL OFFICERS AND/OR DIRECTORS  Anthony Bowman - President	N. LTN	Anthony Bowman - Secretary	
Name and Titl  Address	6769 Helmsley Circle	Name and Title: Address:	6769 Helmsley Circle	
Address	Windermere, FL 34786	Address.	Windermere, FL 34786	
	Anthony Bowman - Treasurer	<del></del>	Anthony Bowman - Director	
Name and Title	6769 Helmsley Circle	Name and Title:	6769 Helmsley Circle	
Address	Windermere, FL 34786	Address:	Windermere, FL 34786	
Name and Title	::	Name and Title	:	
Address		Address:		

Name a	ind Title:	Name and Title:	
Address		Address:	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable	a) of the registered equaties	
Name:	Steven Shapiro	e) of the registered agent is.	~
Address:	6769 Helmsley Circle		025 J
	Windermere FL 34786	<u> </u>	2025 JAN 10
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		VIO AM 9: 17
The name and a	address of the Incorporator is:		
Name:	Amanda J Beren		61 <b>7</b>
Address:	31416 Agoura Rd Ste 118		
	Westlake Village, CA 91361	<del></del>	
Effective date, i (If an effective filing.)	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and ca	nnot be more than five day	s prior or 90 days after the
	te inserted in this block does not meet the applica effective date on the Department of State's reco		ents, this date will not be listed as
Having been na certificate, I am	med as registered agent to accept service of proce familiar with and accept the appointment as regi	ss for the above stated corpor istered agent and agree to act	ration at the place designated in this in this capacity
	Required Signature/Registered Agent		1/7/2025 Date
	ocument and affirm that the facts stated herein Department of State constitutes a third degree for AOB		
	i Ju		1/7/2025
Required Signar	ture/Incorporator		Date

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