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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	¥)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		

Office Use Only



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2022 APR 22 AH II: 44

W22-33299

COVER LETTER

Division of Corporations				
SUBJECT: SAM-TAM LTD				
Name of Foreign Limited Partr	nership or Lim	ited Liability	Limited Partnership	
The enclosed application, certificate of status and fe partnership to transact business in Florida. Please return all correspondence concerning this ma		ed to register	r a foreign limited partnership or limited liability lin	nited
ANTONIO VARGAS				
Contact Person				
VARGAS, PIEDRA & CO., CPA				
Firm/Company	<u> </u>			
8950 SW 74TH COURT, SUITE 1606				
Address				
MIAMI, FL 33156-7866				
City, State and Zip Code				
TONY@VARGASPIEDRA.COM				
E-mail address: (to be used for future annual repor	t notification)			
For further information concerning this matter, pleas	e call:			
ANTONIO VARGAS	305 at (671-00	003	
Name of Contact Person	_*** \ 	de and Daytin	ime Telephone Number	
Enclosed is a check for the following amount:				
□S1.000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □S1.008.75 Filing Fees and Certificate of Status	□\$1,052.50 and Certi	Filing Fees fied Copy	S1,061.25 Filing Fee, Certified Copy, and Certificate of Status	
Mailing Address:			Address:	
Registration Section Division of Corporations		_	ration Section on of Corporations	
P.O. Box 6327			entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

	ED LIABILITY LIMITED PARTNERSHIP) TRANSACT BUSINESS IN FLORIDA	
L SAM-TAM LTD.		
(Name of Limited Partnership or Li Acceptable Limited Partnership suffixes: Limit	mited Liability Limited Partnership, which must include suffix) ed Partnership, Limited, L.P., LP. or Ltd. ip suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
	nited partnership or limited liability limited partnership proposes to register to transactess in Florida; must contain acceptable suffix.	
, BRITISH VIRGIN ISLANDS	3, MAY 11, 2021	
State or Country of Format		
4. Federal Employer Identification Number.	66-0978498	
5. Name of Registered Agent for Service of P	rocess and Florida Street Address:	
ANTONIO VARGAS, CPA		
8950 SW 74TH COURT, SUITE 1606		
MIAMI, FL 33156-7866		
of all statutes relative to the proper and com my position as registered agent.	Signature of Registered Agent	
7. Principal Office:	8. Mailing Address:	
C/O VARGAS, PIEDRA & CO., CPAS	8. Mailing Address: C/O VARGAS, PIEDRA & CO., CPAS 8950 SW 74TH COURT, SUITE 1606	
8950 SW 74TH COURT, SUITE 1606	The state of the s	
MIAMI. FL 33156-7866	8. Mailing Address: C/O VARGAS, PIEDRA & CO., CPAS 8950 SW 74TH COURT, SUITE 1606 MIAMI, FL 33156-7866	
9. If limited partnership is a limited liability	· ·	
10. Name, principal office address, and mail		
Name of General Partner: SAMUEL MARE	C RIMOIN TAMARA LEAH TEPPER Name of General Partner: TAMARA LEAH TEPPER	
Street Address: 6321 HURON TERRACE		
DAVID, FL 33331	DEERFIELD, IL 66015-2019	
Mailing Address: 6321 HURON TERRACI	: Mailing Address: 1417 WOODLAND DR.	
DAVIE, FL 33331	DEERFIELD, IL 66015-2019	
Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	

Mailing Address: ______ Mailing Address: ______

Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
ii. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 day Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	e applicable statutory filing requirements, this date will not be listed as the records.
12. Attached is a certificate of existence duly authentica Florida Department of State, by the Secretary of State of the law of which it is organized.	ated, not more than 90 days prior to the delivery of this application to the or other official having custody of the entity's records in the jurisdiction under
Signed this 16 day of FEBRUAR	20 22
Si	ignature of a general partner
Photograph of the control of the con	

The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees: Certified Copy (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fec)

Certified Copy (optional): Certificate of Status (optional):

\$52.50 \$8.75

Page 2 of 2

TERRITORY OF THE BRITISH VIRGIN ISLANDS BVI BUSINESS COMPANIES ACT, 2004



CERTIFICATE OF GOOD STANDING (SECTION 235)

146C832818

The REGISTRAR OF CORPORATE AFFAIRS, of the British Virgin Islands HEREBY CERTIFIES that, pursuant to the BVI Business Companies Act, 2004 at the date of this certificate, the company.

SAM-TAM LTD.

BVI COMPANY NUMBER: 2062865

- 1. Is on the Register of Companies;
- 2. Has paid all fees and penalties due under the Act;
- 3. Has filed with the Registrar a copy of its register of directors which is complete:
- 4. Has not filed articles of merger or consolidation that have not become effective:
- 5. Has not filed articles of arrangement that have not yet become effective:
- 6. Is not in voluntary liquidation;
- 7. Is not in fiquidation under the Insolvency Act, 2003;
- 8. Is not in receivership under the Insolvency Act, 2003;
- 9. Is not in administrative receivership; and
- 10. Proceedings to strike the name of the company off the Register of Companies have not been instituted.



Mult

REGISTRAR OF CORPORATE AFFAIRS

3rd day of February, 2022