Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : CHECKMATE
Account Number : 120030000146
Phone : (941)922-2801
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M.H.

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#### FOREIGN PROFIT QUALIFICATION

SAMCO GROUP CORP.

Certificate of Status	ð
Certified Copy	0
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Corporate Filing

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### TRANSMITTAL LETTER

	ion of Con				
SUBJECT:	SAMCO	GROUP CORP.			
000000	<u></u> -	(Name of	corporatio	a - must include suffix)	
Doar Sir or N	ladam:				
The enclosed "Certificate of transact busing	f Existence	e," and check are sub	ration for mitted to r	Authorization to Transac egister the above referen	ct Business in Florida," cod foreign corporation to
Please return	all corresp	ondence concerning	this matter	to the following:	
			LEAH	HARN	
			(Name of	Person)	
			CHECK	MATE	
			(Finn/Co	mpany)	
		4411	BEE RIDG	E ROAD #257	
		<del></del>	(Addı	ress)	
		8	ARASOTA	A, FL 34233	
		(4	City/State:	and Zip code)	
For further in	.formation	concerning this matte	or, please o	all:	
Li	EAH HARN	l at	941	922-2801	
(Na)	ne of Perso	n)	(Area)	Code & Daytime Teleph	oue Number)
	EET ADD stration Se			MAILING A Registration S	ection
	Division of Corporations  409 E. Gaines St.  Division of Corporations  P.O. Box 6327				
	Tallahassee, FL 32399 Tallahassee, FL 32314				
	•	the following amoun	t:	•	
<b>2</b> \$70,00 Fi	ling Fee	S78.75 Filing For Certificate of S		S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

May 26 05 10:13a 850-205-0381

Check Mate

941 884.0413

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5/28/2005 9:50 PAGE 001/001 Florida Dept of State



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 26, 2005

CHECKMATE

SUBJECT: SAMCO GROUP CORP.

REF: W05000026325

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filling cover sheet.

The registered agent must sign accepting the designation.

Please return 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) 245-6967.

Michelle Hodges Document Specialist FAX Aud. #: H05000132350 Letter Number: 505A00037884

JIVISJON OF CORPORATION 05 MAY 26 AH 10: 17

Division of Corporations - P.O. BOX 6327 -Tallshassee, Florida 32314

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPILANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

L SAMCO GROU	JP CORP.		
	orporation: must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	ED." "COMPANY," "CORPORATION,"	<del></del>
(If name unavail	able in Florida, enter alternate corporate nue	ne adopted for the purpose of transacting business.	in Florida)
2 CALIFORNIA		3, 95-4374216	
	under the law of which it is incorporated)	(FEI number, if applicable)	
A NOVEMBER 1	. 1990	5 PERPETUAL	
T'	of incorporation)	(Duration: Year corp. will cease to exist or "p	erpetual")
6 UPON QUALI	FICATION		
U	(Date first transacted busines	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
7, 2301 TROY AV	ENUE SOUTH EL MONTE, CA 9173	3	
	(Principal office a	ddress)	
P. O. BOX 9269	SOUTH EL MONTE, CA 91733		
	(Current mailing a	oddress)	<u></u>
	AND AND ALL LAUDE	N. A COTTO ATTA	
8	ANY AND ALL LAWFE	country to be carried out in state of Florida)	
			<u>5</u>
9. Name and stree	et address of Florida registered agent: (I	P.O. Box NOT acceptable)	5
Name:	CHECK MATE CREDIT & INFORMA	TION	05 MAY 25
Office Address:	4411 BEE RIDGE RD #257		:
	SARASOTA	, Florida 34233	30.5
	(City)	(Zip code)	<u></u>
Having been nam designated in this	application, I hereby accept the appoin	rvice of process for the above stated corporation timent as registered agent and agree to act in	on at the place this capacity. I
juriner agree to ci and I am familiar	omply with the provisions of all statictes with and accept the obligations of my	s relative to the proper and complete performs position as registered agent,	unca of my duiles,
_			
	10 11		
-	( Yan the	·	
	(Registered agent skippotus	re)	
II. Attached is a	certificate of existence duly authenticate	ed, not more than 90 days prior to delivery of the	ais application to
the Department of	State, by the Socretary of State or other	official having custody of corporate records in	the jurisdiction

A. DIRECTORS
Chairman:
Address:
Vice Chairmant:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: SAMY GIRGES
Address: 9313 PRICHARD STREET
BELLFLOWER, CA 90706
Vice President: ANTHONY GIRGES
Address: 9313 PRICHARD STREET
BELLFLOWER, CA 90706
Secretary: ANTHONY GIRGES
Address: 9313 PRICHARD STREET BELLFLOWER, CA 90705
Treasurer: MEENA DEMETRIOS
Address: 2301 TROY AVENUE SOUTH EL MONTE, CA 90706
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)
SAMY GIRGES, PRESIDENT

(Typed or printed name and capacity of person signing application)

## State of California

## Secretary of State

# CERTIFICATE OF STATUS DOMESTIC CORPORATION

1, BRUCE McPHERSON, Secretary of State of the State of Celifornia, hereby certify:

That on the 1st day of November, 1990, SAMCO GROUP CORP. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 23, 2005.



BRUCE McPHERSON Secretary of State