# F23000006163

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## **COVER LETTER**

~	tration Section ion of Corporations			
SUBJECT:	SAMM MANAGEMENT CO	ORP		
ocide i.	Name o	of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Stand	ling" and check are subn	
Please return	all correspondence concerni	ng this matter	to the following:	
Sonja A Jean E	ESQ			
- · · · · · · · · · · · · · · · · · · ·		Name of P	erson	
Davis, Smith &	Jean LLC			
		Firm/Comp	pany	
200 Sevilla Av	e; Suite 309			
		Addres	SS	<del></del>
Coral Gables, l	FL 33134			
		City/State an	d Zip code	
sj@dsandjlaw.	com			
	E-mail address	: (to be used fo	or future annual report no	otification)
For further in	formation concerning this m	atter, please ca	ıll:	
David J Lockar	rd Esq.	at ( 239	) 314-7773  Daytime Teleph	
Nam	e of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amo eck payable to: FLORIDA DE ing Fee	EPARTMENT of Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

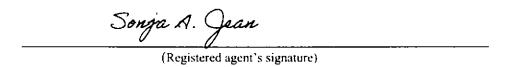
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

1. SAMM MANA	GEMENT CORP			
	orporation; must include "INCORPORATED orp," "Inc." "Co." or "Corp.")	," "COMPANY," "CORPORATION,"		
SAMM CO				
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	siness in Florida)	
Delaware 2.	3.	93-3741703		
	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 10/04/2023	5.	na		
···	of incorporation)		(Date of duration, if other than perpetual)	
6. na				
	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7. 16192 Coastal Hi	ghway, Lewes, DE 19958	N		
8373 Southwest	(Principal off 122 Street; Miami, FL 33156	fice street address)		
6373 30uiiwest		ng address, if different)		
	(Current main	ng address, it different)	<b>4</b> 550	
8. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	; 12	
Name:	Ms. Sonja A Jean, Esq.		(L) Th	
Office Address:	200 Sevilla Ave. Suite 309		: . <del></del>	
	Coral Gable	Florida 33134	90:	
	(City)	(Zip code)		

### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

#### A. DIRECTORS Jessica L. Hernandez Name: Chairman Name: \_\_\_\_\_ □Chairman 8373 Southwest 122 Street □Vice Chairman Address: ☐ Vice Chairman Address: Miami, FL 33156 Director ☐ Director ☐ President □ President □Vice President ☐ Vice President ☐ Secretary Treasurer ☐Treasurer ☐ Secretary □Other \_\_\_\_ □Other Other Other \_\_\_\_ □ Chairman ☐ Chairman Name: Name: □Vice Chairman Address: ☐ Vice Chairman Address: □ Director Director ☐ President ☐ President □Vice President ☐Vice President ☐ Treasurer ☐ Secretary ☐ Secretary □Treasurer □Other \_\_\_\_\_ □ Other Other □Other ☐ Chairman Name: □ Chairman Name: ☐ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: Director □ Director ☐ President □ President □Vice President \_\_\_\_\_ ☐ Vice President ☐ Treasurer ☐ Secretary ☐ Secretary Treasurer □Other \_\_\_\_\_ Other \_\_\_\_\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form, Jessica L. Hernandez Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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. Jessica L. Hemandez



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SAMM MANAGEMENT CORP" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF OCTOBER, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAMM MANAGEMENT CORP" WAS INCORPORATED ON THE SECOND DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204409399

Date: 10-19-23

2430608 8300 SR# 20233770414