## TRANSMITTAL LETTER

## 20/00000890

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Samantas (PROPOSED CORPORA	CORP TE NAME – MUST INCL	UDE STEETS SO	0	
Enclosed is an origin	al and one(1) copy of the articl		CRETARY	JAN -5 AMI	APARONE PARONE
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	: 50	Ū.
FROM:	Samantha Name (Pri	ADDITIONAL CO	10003525: -01/05/010	350 1065 *****	1——S -013 78.75
	Tall , f)	dress 33/) ate & Zip	- · · · · · · · · · · · · · · · · · · ·		-
NO	Daytime Tele  TE: Please provide the original	phone number	O1 JAN -5 AM II: 4 I	RECEIVED	

ARTICLE I NAME  The name of the corporation shall be:	ta's Corp	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is: P. O	Box 16552 Tall, F1	3930}
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	=	
ARTICLE IV SHARES The number of shares of stock is:	01 JAN -5 SECRETARY TALLAHASSI	APPRO
ARTICLE V INITIAL OFFICERS DIRECTORS The name(s) and address(es):	JAN -5 AM 11: 50 ECRETARY OF STATE LLAHASSEE, FLORIDA (optional)	
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent Samantha Buris  1002 Micosulce 31  Tall, A 32308	ent is:	All er ger
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Samantha Burris P.O Box 16552  TGILFI 30308		
**************************************	r the above stated corporation at the place design	
Signature/Registered Agent		<b>-</b> .
Signature/Incorporator	Date	

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