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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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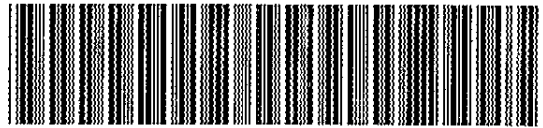
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: SAMPSON, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$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

ADDITIONAL COPY REQUIRED

FROM: SAMPSON, INC.

Name (Printed or typed)

P.O. BOX 66145

Address

JACKSONVILLE, FL 32208

City, State & Zip

904/768-6011

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SAMPSON, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 66145
JACKSONVILLE, FL 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PURSUANT GENERAL POWER
F.S. 607.0302

ARTICLE IV SHARES

The number of shares of stock is:

100,000 common shares @ \$10.00 par value each w/pre-emptive rights

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

E. B. JOHNSON, PRESIDENT/CEO
1807-1 W 45th STREET
JACKSONVILLE, FL 32209

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

E. B. JOHNSON
1807-1 W 45th STREET
JACKSONVILLE, FL 32209

ARTICLE VII INCORPORATOR

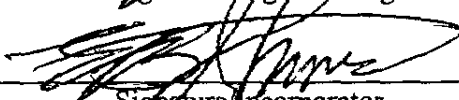
The name and address of the Incorporator is:

E. B. JOHNSON, INCORPORATOR
1807-1 W 45th STREET
JACKSONVILLE, FL 32209

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

8/10/03

Date

8/10/03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA