P03000/18426

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		s of Status
Special Instructions to	Filing Officer:	
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SECULORISA LA FLORIDA

Office Use Only

DATE October 15, 2003

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

Re: Sanwiches , Inc. (Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Sam K. Douglas (Individual's Name)

Samwiches, Inc.
(Name of Corporation)

MAILING ADDRESS OF CORPORATION

Samwiches, Inc.

14349 Horseshoe Trace
Wellington, Fl. 33414

PHONE

(561) 333-8615
Area Code Number Ext.

FILED

ARTICLES OF INCORPORATION

of

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SEULAHASSEE, FLORIDA	SEUL TALLA	i i ASSEi	ξ,FŁ	Í ATE ORIDA
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Samwiches, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTI	CLE I - CORPORATE NAME	
The name of the corporation is:		
Samwiches	s, Inc.	<u> </u>
A	ARTICLE II - DURATION	
This corporation shall exist perpetually upless	dissolved according to Florida law.	
A	ARTICLE III - PURPOSE	
The corporation is organized for the purpose of United States and the State of Florida.		permitted under the laws of the
ART	TICLE IV - CAPITAL STOCK	
The corporation is authorized to issue500	shares of common stock, par value	\$ 1.00 per share.
ARTICLE The street address of the initial principal office	V - INITIAL PRINCIPAL OFFICE and, if different, the mailing address is	:
STREET ADDRESS 14349 Horseshoe 1	Frace	
CITY Wellington	FLORIDA	ZIP 33414
Mailing address, if different		
STREET ADDRESS		<u> </u>
Same as abo	ove	,. .
CITY	FLORIDA	ZIP

ARTICLE VI. : !NITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Stephanie Douglas		
ADDRESS	14349 Horseshoe Trace	2	
CITY	Wellington	FLORIDA	ZIP 3341.4

ARTICLE VII - INITIAL BOARD OF DIRECTORS

ither increas	rporation shall have One led or diminished from time to time by the B the initial director(s) of the corporation are a	y-Laws, but shall never be less tha	he number of directors may be
NAME	Sam K. Douglas		
ADDRESS	14349 Horseshoe Trace		
CITY	Wellington	STATE Florida	ZIP 33414
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			<u> </u>
ADDRESS			
CITY		STATE	ZIP
ADDRESS	Sam K. Douglas 14349 Horseshoe Trace	STATE	710
CITY	Wellington	STATE Florida	ZIP 33414
NAME			
ADDRESS			- Consult
CITY		STATE	ZIP
NAME			·
ADDRESS	-		
CITY		STATE	. ZIP
The unders	igned incorporator(s) have executed thes	e Articles of Incorporation this	15th
day of	October	,×,×, 2003	
	,	Sam K. Douglas	(Signature)
			(Signature)
			(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED

03 OCT 20 PM II: 31

SEGNETA FOR STATE TALLAHASSEE, FLORIDA

Samwiches, Inc.
(name of corporation)
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at 14349 Horseshoe Trace
Wellington, Florida 33414
has named Stephanie Douglas
located at the aforesaid address, as its registered agent to accept service of process within this
state.
14349 Horseshoe Trace
Wellington, Florida 33414
Having been named as registered agent and to accept service of process for the above stated
corporation at the place designated in this certificate, I hereby accept the appointment as regis-
tered agent and agree to act in this capacity. I further agree to comply with the provisions of all
statutes relating to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.
Staffiens Daves.
Stephanie Douglas October 15, 2003
(Signature) (Date)

ECDM 215: CERTIFICATE OF DESIGNATION

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