

P0400011503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

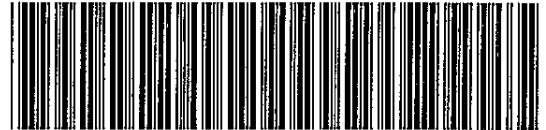
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04 JUL 29 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7-29-04

## TRANSMITTAL LETTER

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

SUBJECT: ATARAXIA ENTERPRISES 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: NICHOLAS SAMAN  
Name (Printed or typed)

187 MONARCH DR.  
Address

SANTA ROSA BEACH, FL 32459  
City, State & Zip

(850) 622-3884  
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)

FILED

## ARTICLE I NAME

The name of the corporation shall be: *ATARAKIA ENTERPRISES INC.*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*187 MONARCH DR., SANTA ROSA BEACH, FL 32459*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*TO OPERATE AND MANAGE VARIOUS BUSINESS ENTERPRISES*

## ARTICLE IV SHARES

The number of shares of stock is:

*100*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

- ① *NICHOLAS SAMAN, 187 MONARCH DR., SANTA ROSA BEACH, FL 32459*  
*PRESIDENT*
- ② *VICTORIA SAMAN, 187 MONARCH DR., SANTA ROSA BEACH, FL 32459*  
*SECRETARY/TREASURER*

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*NICHOLAS SAMAN, 187 MONARCH DR., SANTA ROSA BEACH, FL 32459*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*NICHOLAS SAMAN, 187 MONARCH DR., SANTA ROSA BEACH, FL. 32459*

\*\*\*\*\*

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

*Nicholas Saman*  
\_\_\_\_\_  
Signature/Registered Agent

*7/26/04*  
\_\_\_\_\_  
Date

*Nicholas Saman*  
\_\_\_\_\_  
Signature/Incorporator

*7/26/04*  
\_\_\_\_\_  
Date