

PO4000154201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

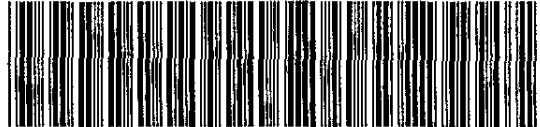
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/10/04--01012--018 **78.75

11/12/04
SK

TRANSMITTAL LETTER

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

SUBJECT: SAMMY BLAIR EYEWEAR INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: MICHAEL PSACHIE
Name (Printed or typed)

547 WINDING CREEK PL
Address

WON4WOOD FL 32779
City, State & Zip

Daytime Telephone number

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

ARTICLES OF INCORPORATION
OF

SAMMY BLAIR EYEWEAR INC.,

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

SAMMY BLAIR EYEWEAR INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE
547 WINDING CREEK PL. LONGWOOD, FL 32779

ARTICLE II NATURE OF BUSINESS

THE CORPORATION MAY ENGAGE IN OR TRANSACT ANY AND ALL LAWFUL
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED
STATES, THE STATE OF FLORIDA, OR ANY OTHER
STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE
THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT
ANY ONE TIME IS:

500 SHARES AT \$ 1.00 EACH.

ARTICLE IV TERM OF EXISTENCE

THE CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME (S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND
DIRECTOR(S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE
CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR(S)
IS(ARE) ELECTED, IS(ARE):

MICHEAL PSACHIE
547 WINDING CREEK PL
LONGWOOD, FL. 32779

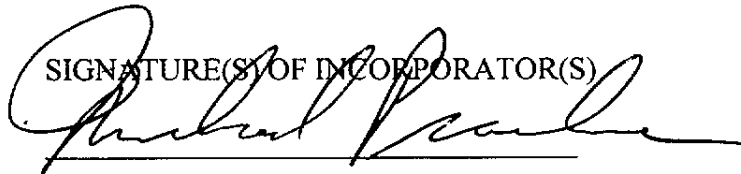
ARTICLE VI INCORPORATORS

THE NAME (S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO
THIS ARTICLES OF INCORPORATION IS(ARE):

MICHEAL PSACHIE
547 WINDING CREEK PL
LONGWOOD,FL.,32779

IN WITNESS WHEREOF, THE
UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES
OF INCORPORATION THIS ____ 1ST ____ DAY OF
_NOVEMBER_____,2004

SIGNATURE(S) OF INCORPORATOR(S)



STATE OF FLORIDA,

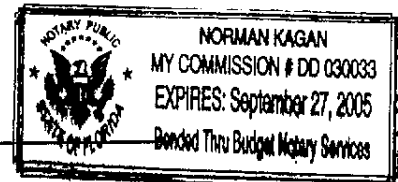
COUNTY OF SEMINOLE.

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO
BEFORE ME THIS ____ 1ST ____ DAY OF NOVEMBER ____ 2004, BY
__MICHAEL PSACHIE ____ (NAME OF INCORPORATOR).

OF _
_SAMMY BLAIR EYEWEAR INC...
(NAME OF CORPORATION).

NOTARY PUBLIC

MY COMMISSION EXPIRES



CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED
OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE
LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT
IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

1.THE NAME OF THE CORPORATION IS:
SAMMY BLAIR EYEWEAR INC..

2.THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

MICHAEL PSACHIE
547 WINDING CREEK PL
LONGWOOD,FL.32799

SIGNATURE 

CORPORATE OFFICER

TITLE__PRESIDENT_____

DATE__NOVEMBER 1ST,2004_____

HAVING BEEN NAMED TO ACCEPTS SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE,
I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT
THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE 

REGISTERED AGENT

DATE__NOVEMBER 1,2004_____