Po5000144333

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u> </u>
•	,	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(2-2	, · · · · · ·	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		J

Office Use Only



300060734123

05 OCT 24 ANIO: 51

90724/95--01020--005 **70.00

OOT OF TRUE

TRANSMITTAL LETTER

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

SUBJECT:	SANITHH (• •	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	
2 \$70.00	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:		e (Printed or typed)	55
-	SUNRISE F	Address Low/DA 333 State & Zip	51
-	(954) 572 -	- 489/ Telephone number	

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

ARTICLES OF INCORPORATION	20 (D. C)	DIVERREDER
In compliance with Chapter 607 and/or Chapter 621, I	.S. (Prom)	05.00
ARTICLE I NAME		3 UCT 24 AM
The name of the corporation shall be: SAMII	AH CORPORATION	05 OCT 24 AM 10: 50
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	1851 NW 1035	DAILE
	SwiTE # 404	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	SUNKISE FL.	33351
Distribute Cosmetic Product		
ARTICLE IV SHARES		
The number of shares of stock is: 1,000 SH	'ARE'S	
ARTICLE V INITIAL OFFICERS AND/OR	<u>DIRECTORS</u>	
List name(s), address(es) and specific title(s):		
NORMAN DONOVAN SCHLOSS PA	ESIDENT	
NORMAN DONOVAN SCHOOLS V	ICE MESIDENT	
NORMAN DONOVAN SCHLOR	SECRETALY	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT	acceptable) of the registered age	ent is:
DIANA SCALOSS		
9279 NW 4546 ST		
SUNRISE FL 33351		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
NORMAN D SCHLISS		
9404 NW 45 H ST		
SUNKISE FL 33751		
Having been named as registered agent to accept service of proce	**************************************	******************* It the place designated in this
certificate, I am familiar with and accept the appointment as regista	rreu ugent ana agree to act in this cap	pacuy
(Line Selles)		/19/05'
Signature/Registered Agent		Daic
11-21	,	0/19/05

Date

Signature/Incorporator