

P060000069609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

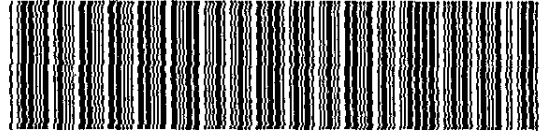
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900063148109

01/10/06--01026--007 **78.75

FILED
06 JAN 23 AM 9:40
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

COVER LETTER

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

SUBJECT: SAM'S GRAFIX 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: SAMUEL MELENDEZ
Name (Printed or typed)

928 DELTONA BLVD STE A
Address

DELTONA, FL 32725
City, State & Zip

386-860-2752
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2006

SAMUEL MELENDEZ
928 DELTONA BLVD STE A
DELTONA, FL 32725

SUBJECT: SAM'S GRAFIX INC.
Ref. Number: W06000001673

We have received your document for SAM'S GRAFIX INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list a number of share of stock and not a dollar amount.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 606A00002768

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: **Sam's Grafix**

FILED

106 JAN 23 AM 9:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**928 Deltona Blvd STE A
Deltona, FL 32725**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO EXPAND The Business

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SAMUEL Melendez president

ARTICLE VI REGISTERED AGENT

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

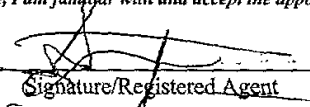
**SAMUEL Melendez
1474 Coronet Dr. Deltona, FL 32725**

ARTICLE VII INCORPORATOR

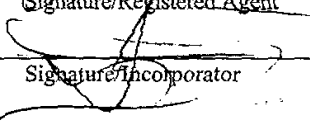
The name and address of the Incorporator is:

**SAMUEL Melendez
1474 Coronet Dr Deltona, FL 32725**

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

12/29/05
Date


Signature/Incorporator

12/29/05
Date