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COVER LETTER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:	SAM CARNEY, INC. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	d a check for:	
₹70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	Name (SAM H. CARNEY Name (Printed or typed) 322 S. MAPLE AVE.		
	SANFORD	, FL 32771 State & Zip		
	321-262-83 Daytime Te	249 elephone 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)

ARTICLE I NAME

The name of the corporation shall be:

SAM CARNEY, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

322 S. MAPLE AVE., SANFORD FL. 32771

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

SALES

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):

SAM H. CARNEY

322 S. MAPLE AVE.

SANFORD, FL 32771

ARTICLE VI REGISTERED AGENT

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

SAM H. CARNEY

322 S. MAPLE AVE.

SANFORD, FL 32771

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

SAM H. CARNEY

322 S. MAPLE AVE.

SANFORD, FL 32771

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/Register

Signature/Incorporator

0/26/2007 6/26/2007