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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: Coolog Sangus GAVE Coolog Sangus GAVE AUTHORIZATION FOR PHONE TO				
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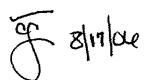
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07/26/06-01021-009 **78.75



COVER LETTER

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

06. AUG 15 PM 1: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Samour Dominguez and Associates, Inc.				
	(PROPOSEĎ CORPORA	TE NAME <u>– MUST INCL</u>	UDE SUEFIX)	
Enclosed are an orig	final and one (1) copy of the artic	cles of incorporation and	a check for:	
S70.00 Filing Fee	₹78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Carlos R. Samour Name (Printed or typed)			
	5149 Rosen Blvd. Address Boynton Beach, FL 33437 City, State & Zip			

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

561-733-8283 Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2006

CARLOS R. SAMOUR 5149 ROSEN BOULEVARD BOYNTON BEACH, FL 33437

SUBJECT: SAMOUR DOMINGUEZ AND ASSOCIATES, INC.

Ref. Number: W06000033314

We have received your document for SAMOUR DOMINGUEZ AND ASSOCIATES, 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):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

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) 245-6973.

Claretha Golden Document Specialist New Filing Section

Letter Number: 806A00047630

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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:

Samour Dominguez and Associates, Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5149 Rosen Blvd. Boynton Beach, FL 33437

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the business is to engage in a business acivity which is permitted under the laws of the United States, the State of Florida or any other state or territory. In general, to carry on any business whatsoever in connection with the foregoing directly or inderectly to promote the interests of the corporation and or to enhance the value of its properties.

ARTICLE IV SHARES

The number of shares of stock is:

500 shares of common stock valued at \$1.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

5149 Rosen Blvd.

Boynton Beach, FL 33437

Anita Samour......Director

5149 Rosen Blvd

Boynton Beach, FL 33437

ARTICLE VI REGISTERED AGENT

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

The name and initial address of this corporation shall be:

Carlos R. Samour

5149 Rosen Blvd.

Boynton Beach, FL 33437

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Anita Samour

5149 Rosen Blvd.

Boynton Beach, FL 33437

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

7/24/2006

Date

7/24/2006

Signature/Incorporator

Date