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(Requestor's Name)
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(City/State/Zip/Phone #)
☐ PICK-UP ; ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· ·
Special Instructions to Filing Officer:
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Office Use Only

35373



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08/09/06--01013--006 **78.75

06 AUG 21 PM 3: 29
SECRETARY OF STATE

MRSA

TRANSMITTAL LETTER

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

SUBJECT: Sam 5 Management, Incorporated (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the artificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Name	n 30 n 1 a n (Printed or typed)	a Drive	
		Address Florida State & Zip 859-6811	33160	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 10, 2006

ASHOT SAMSONIAN 313 POINCIANA ISLAND DRIVE SUNNY ISLES, FL 33160

SUBJECT: SAM'S MANAGEMENT, INCORPORATED

Ref. Number: W06000035373

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

We need the amount of stock not the percentage.

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) 245-6879.

Ruby Dunlap Regulatory Specialist New Filing Section

Letter Number: 506A00049822

RECEIVED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

06 AUG 21 PM 3: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u> ARTICLE I NAME</u>

The name of the corporation shall be:

SAMSONIAH MAHAGEMENT INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: POINCIANA ISLAND DRIVE SUNNY ISLES, FLORIDA 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

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

ASHOT SAMSONIAN (PRESIDENT)

313 POINCIANA ISLAND DRIVE

SUNNY ISLES, FLORIDA

ARTICLE VI REGISTERED AGENT

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

SAMSO NIAN ASHOT

ISUAND DRIVE 313 POINCIANA

ISLES, FL 33160 SUHNY

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

5 AM SONIAN

313 POINCIANA ISLAND DRIVE

SUNNY ISLES, FL 33160

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

8-16-06 Date

8-16-06

Signature/Incorporator

Alle

Date :