P0700107941

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
() tac		
(City	//State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
· (Bus	siness Entity Nam	ne)
(200		,
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		į

Office Use Only



500109870015

09/28/07--01043--022 **87.50

O7 SEP 28 AN 8: 4: SECRETARY OF STATE IALLAHASSEE, FLORID

KS 10/1/07

COVER LETTER

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

SUBJECT: SAMSY CORP.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> L	UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	l a check for:
S70.00 S78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: SAMUEL MEDINA		
Name	(Printed or typed)	· · · · · ·
11560 NW 48TH TERR		
	Address	
MIAMI, FL, 33178		
City,	State & Zip	
786-970-6184		
Daytime T	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:

SAMSY CORP.

FILED

07 SEP 28 AM 8: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11560 NW 48TH TERR, MIAMI FL 33178.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business for which corporations may be incorporated in this state.

ARTICLE IV SHARES

The number of shares of stock is:

The aggregate number of shares which the corporation shall have the authority to issue is 100,000 and the par value of each shall be \$0.001.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Samuel Medina (Director)

Sylvia Medina (Director)

11560 NW 48th Terr.

11560 NW 48th Terr.

Miami FL 33178

Miami FL 33178

ARTICLE VI REGISTERED AGENT

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

Samuel Medina 11560 NW 48th Terr.

Miami FL 33178.

ARTICLE VII INCORPORATOR

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

Samuel Medina 11560 NW 48th Terr. Miami FL 33178

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

Signature/Incorporator

723/0

10/25/0

Date