P090001017

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only

G. MCLEOD

FEB - 4 2009

EXAMINER



100142240661

02/03/09--01010--010 **122.50

09 FEB -3 AM II: LL

SECRETÁRY DE LOS DIVISIONS DE CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: S.A.M.E. Hold (Name of Res	100
(Name of Res	sulting Florida Profit Corporation)
The enclosed Certificate of Conversion	a, Articles of Incorporation, and fees are submitted to a "Florida Profit Corporation" in accordance with s
Please return all correspondence conce	rning this matter to:
Milagros Pabon (Contact Person)	
,	
ANGE/OS DE/i CAFZ (Firm/Company)	
	,
6800 North DALE MAR (Address)	bey Hwy.
TAMPA Florida 33 (City, State and Zip Co	8614 de)
For further information concerning this	matter, please call:
(Name of Contact Person)	at (7/8) 689-4773 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following a	mount:
\$105.00 Filing Fees \$113.75 Filing Fe and Certificate of Status	tes \$\Bigsquare\$ \$\Implies \$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sin \s
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate		
of Conversion is:		
S.A.M.E. Holdings LLC		
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)	,	
first organized, formed or incorporated under the laws of $\frac{1}{\sqrt{\sqrt{\sqrt{2}}}} \frac{1}{\sqrt{2}} $		
(Enter state, or if a non-U.S. entity, the name of the country)		
on JANNARY 17, 2008 (Enter date "Other Business Entity" was first organized, formed or incorporated)		
(Enter date "Other Business Entity" was first organized, formed or incorporated)		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:	DIVIG SE	
laws of which it is now organized, formed or incorporated:	59	
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>		
a. H.M.E. Holding S Inc.		
S. A. M. E. Holding (Inc. (Enter Name of Florida Profit/Corporation)		
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)		

,	•
Signed this 30 day of ANU UA	20 <u>09</u> .
Required Signature for Florida Profit Corporati	ion:
Signature of Chairman, Vice Chairman, Director, Cobeen selected, an Incorporator: Printed Name: Mil Agros Pabon Title:	Officer of ff Directors or Officers have not DWNER AND MANAGER
Required Signature(s) on behalf of Other Business	Entity: [See below for required
signature(s).] Signature: Printed Name: Mi/APROS PABOR	
Printed Name: MilAPROS PADON	Title: DWNER + MARRETER
	=
Signature:	
Printed Name:	_ Title:
G!	
Signature: Printed Name:	Title
Tillited Name.	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signotura	
Signature: Printed Name:	Title:
Tritted (varie.	_ , , , , , , , , , , , , , , , , , , ,
If Florida General Partnership or Limited Liabilit	y Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability	y Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION

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

ARTICLE I <u>NAME</u>

The name of the corporation shall be:

S.A.M.E. HoldINGS Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6800 North DALE MADRY HWY. SUITE 190

TAMPA, FloRIDA 33614

<u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is:

TO PREPARE AND SELL FOOD.

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):

MILAGROS PADON - OWNER - OPERATOR 324 TERRANDUA Blud, WINTER HAVEN, FloRIDA 33884

ARTICLE VI REGISTERED AGENT

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

HILAGROS PABON
324 TERRANOVA Blud, NINTER HAVEN, FLORIDA 33884

ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	MILAGROS PADON 324 TERRANDUA Blud, WINTER HANEN, FIORIDA 33884
**************************************	the state of the character composition at the place
	of process for the above stated corporation at the place the appointment as registered agent and agree to act in this
Signature/Registered Agent	Dáte, 1/30/09
Signature/Incorporator	Date