

P/100007508/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



000209947780

07/25/11--01035--015 \*\*78.75

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 22 PM 1:23

FILED

W/1-39570

K 08/23/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 AUG 22 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 28, 2011

MICHAEL PSACHIE  
117 WEST 16TH STREET  
SANFORD, FL 32771

SUBJECT: SAMMY BLAIR EYEWEAR OF FLORIDA, INC.  
Ref. Number: W11000039570

We have received your document for SAMMY BLAIR EYEWEAR OF FLORIDA, 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):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The name of the entity must be identical throughout the document.

Please return the corrected 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) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 211A00017810

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee,FL32314

SUBJECT SAMMY BLAIR EYEWEAR OF FLORIDA,INC.  
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX

ENCLOSED IS AN ORIGINAL AND (ONE) COPY OF THE ARTICLES OF  
INCORPORATION AND A CHECK FOR:

☐  
\$70.00  
Filing Fee

☒  
\$78.75  
Filing Fee &  
Certificate of  
Status

FROM MICHAEL PSACHIE

117 WEST 16TH STREET

SANFORD,FLORIDA 32771

---

FILED  
11 AUG 22 PM 1:23  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

ARTICLE 1 NAME

THE NAME OF THE CORPORATION SHALL BE  
BLAIR EYEWEAR OF FLORIDA, INC.

*Blair Ey*

THE PRINCIPLE PLACE OF BUSINESS OF THIS CORPORATION  
SHALL BE 117 16TH STREET SANFORD, FLORIDA, 32771

ARTICLE 2 NATURE OF BUSINESS.

THE CORPORATION MAY ENGAGE IN OR TRANSACT ANY AND ALL  
LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE  
UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY,  
TERRITORY OR NATION.

ARTICLE 3 CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE  
THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT  
ANY ONE TIME IS:

500 SHARES AT \$1.00 EACH.

ARTICLE 4 TERM OF EXISTENCE.

THE CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE 5 OFFICERS DIRECTORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND  
DIRECTOR(S) IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE  
CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR(S) IS (ARE)  
ELECTED, IS (ARE)

MICHAEL PSACHIE  
117 WEST 16TH ST,  
SANFORD, FL. 32771

*Blair Ey*  
✓  
PSACHIE  
117 WEST 16TH ST.  
SANFORD, FL. 32771

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 22 PM 1:23

FILED

ARTICLE 6 INCORPORATORS

THE NAMES AND STREET ADDRESSES OF THE INCORPORATOR(S)  
TO THIS ARTICLES OF INCORPORATION IS (ARE)

MICHAEL PSACHIE  
117 WEST 16TH ST.,  
SANFORD,FL.,32771

SHARON PSACHIE  
117 WEST 16TH ST.  
SANFORD,FL.,32711

IN WITNESS WHEREOF,THE UNDERSIGNED INCORPORATOR(S) HAS  
(HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS

10 DAY OF JULY,2011

SIGNATURE(S) OF INCORPORATOR(S)

*Michael Psachie*  
*Sharon Psachie*

STATE OF FLORIDA,  
COUNTY OF SEMINOLE.

CLERK OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 22 PM 1:23

FILED

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO  
BEFORE ME THIS 10 DAY OF JULY,2011 BY  
MICHAEL PASACHIE OF SAMMY BLAIR EYEWEAR OF FLORIDA,INC.

NOTARY PUBLIC



MY COMMISSION EXPIRES

MY COMMISSION # DD 893572

EXPIRES: September 27, 2013

Bonded Thru Budget Notary Services

CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED  
OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325,FLORIDA  
STATUTES,THE UNDERSIGNED CORPORATION, ORGANIZED UNDER  
THE LAWS OF THE STATE OF FLORIDA,SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED  
AGENT IN THE STATE OF FLORIDA.

1.THE NAME OF THE CORPORATION IS:  
BLAIR EYEWEAR OF FLORIDA,INC.

*Sammy*

2.THE NAME AND ADRESS OF THEREGISTERED AGENT  
AND OFFICE IS:

MICHAEL PSACHIE  
117 WEST 16TH ST  
SANFORD,FLORIDA,32771

SIGNATURE

*Michael Psachie*  
CORPORATE OFFICER

TITLE\_PRESIDENT

DATE JULY 10, 2011

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE  
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN  
THIS CERTIFICATE,I HEREBY AGREE TO ACT IN THIS CAPACITY,  
AND I FURTHER AGREE TO COMPLY WITH PROVISIONS OA ALL  
STATUTES RELATIVR TO THE PROPER AND COMPLETE  
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES  
AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

*Michael Psachie*  
REGISTERED AGENT

DATE JULY 10, 2011

11 AUG 22 PM 1:23  
RECEIVED  
STATE  
ALLIANCE FLORIDA