

P12000054503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

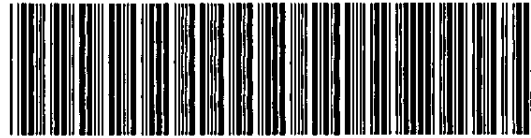
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/15/12--01023--017 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 15 AM 11:53

PS 6/15/12

COVER LETTER

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

SUBJECT: Sams Fragrance Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Hamze M. Samara

Name (Printed or typed)

109 Kilkenny Ct.

Address

Longwood, FL. 32779

City, State & Zip

407-865-4707

Daytime Telephone number

hsnickone@aol.com

E-mail address: (to be used for future annual report notification)

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Sams Fragrance Inc.

12 JUN 15 AM 11:53

ARTICLE II PRINCIPAL OFFICE

Principal street address
975 W. Fairbanks Ave.
Orlando, FL 32804

Mailing address, if different is:
Hamze M. Samara
109 Kilkenny Ct.
Longwood, FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Conduct Business in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hamze M. Samara (President)
Address: 109 Kilkenny Ct.
Longwood, FL 32779

Name and Title: Sami H. Samara (Vice President)
Address: 109 Kilkenny Ct.
Longwood, FL 32779

Name and Title: Hamze M. Samara (Treasurer)
Address: 109 Kilkenny Ct.
Longwood, FL 32779

Name and Title: _____
Address: _____

Name and Title: Hamze M. Samara (Secretary)
Address: 109 Kilkenny Ct.
Longwood, FL 32779

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

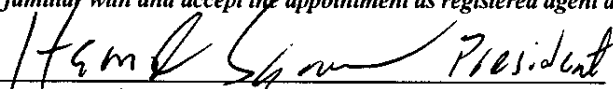
Name: Hamze M. Samara
Address: 109 Kilkenny Ct.
Longwood, FL 32779

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hamze M. Samara
Address: 109 Kilkenny Ct.
Longwood, FL 32779

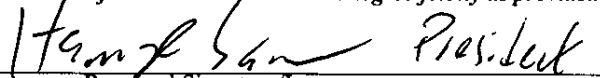
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

June 10, 2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

June 10, 2012

Date