P13000036426

(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



300246644243

04/22/13--01022--002 **70.00

13 APR 22 AM II: II
SECRETARY OF STATE
AND AHASSEE FLORIDA

COVER LETTER

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

_{subject:} San	nsa Enterprises,		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	d 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 CO	PY REQUIRED
FROM: O	lga V. Ramirez	e (Printed or typed)	
15	5004 S.W. 139th		
М	iami, Fla. 33186	Address	P. S.
	•	State & Zip	
30	<u>)5-663-9110</u>	· .	
	Daytime T	elephone number	
sa	msaent@aol.com	·,·	•
	E-mail address: (to be use	d 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 The name of the corporation shall be: Samsa Enterprises, Inc. 13 APR 22 AM 11: 11 ARTICLE II PRINCIPAL OFFICE Mailing & BORE IF AIR FOR IS: TALLAHASSEE FLORIDA Principal street address 15004 S.W. 139th Pl. Miami, Fla. 33186 The purpose for which the corporation is organized is: transact business ARTICLE III PURPOSE

ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS _ Name and Title: President Name and Title: Olga V. Ramirez 15004 S.W. 139th Pl. Address Address: Miami, Fla. 33186 Name and Title:______ Name and Title:_____ Address ______ Address: ______Name and Title: Address Address:

FILED

Name and	l Title:	Name and Title:	13 APR 22 AMII:		
Address		Address:	SECRETARY OF STATE		
		. <u></u>	SECRETARY OF STATE TALLAHASSEE FLORIDA		
ARTICLE VI The name and Flo	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of	the registered agent	is·		
Name:	Olga V. Ramirez				
Address:	15004 S.W. 139th Pl.				
	Miami, Fla. 33186				
ARTICLE VII	INCORPORATOR				
i ne <u>iiaine and ad</u>	dress of the Incorporator is:				
Name:	Olga V. Ramirez				
Address:	15004 S.W. 139th Pl.				
	Miami, Fla. 33186				
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					
Why.	Required Signature/Registered Agent		4/18/13		
	,		Date		
document to the D	per and affirm that the facts stated herein are to the partment of State constitutes a third degree felong Required Signature/Incorporator	rue. I am aware tha	the false information submitted in a 817.155, F.S. A 18 18 18 18 18 18 18 18 18 18 18 18 18		
) sadanaa signimina masipoigioi	·	Date		