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COVER LETTER

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

SUBJECT:	Sambo's	LC. TE NAME – MUST INCL	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	cicles 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
		ADDITIONAL CO	
FROM:	1631 5# 5		
	City,	od, FL. 3422 State & Zip	
	941 - 40 Daytime T	45-0493 Telephone number	
	Poetology 10 E-mail address: (to be use	gnail. com	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)

ARTICLE 1 NAM The name of the corporat	Eion shall be: Sambo	's Inc.			
ARTICLE II PRINCIPAL OFFICE Principal street address 167 West Deur born St.		1631 5	Mailing address, if different is:		
Zng lewood	, FL. 34223	Englews	d, FC. 34223		
	Safficient MFD				
	·		DIVISION OF CORP		
ARTICLE IV SHA The number of shares of s ARTICLE V INIT		<u>ORS</u>	PM 12: 03		
	Steven Brown CE				
	Englewood, FC. 342				
Name and Title:		Name and Title:			
Address					
Name and Title:		Name and Title:			
	10000	Address:			

Name and T	itle:	Name and Title:	
Address		Address:	
The name and Flori Name:	EGISTERED AGENT da street address (P.O. Box NOT acceptable) Steven Brown 1631 5th St. Englewood, FL. 3422		SECRETARY OF ORP
ARTICLE VII II	NCORPORATOR ess of the Incorporator is:		OF STAIL
Name: Address:	Steven Brown 1631 5# St. Exclused, Fl. 3422		
this certificate, I am	as registered agent to accept service of processing in the appointment as respectively and accept the appointment as respectively. Registered Agent and affirm that the facts stated begin as	egistered agent and agree to d	act in this capacity 3-2-/5 Date
	ent and affirm that the facts stated herein are artment of State constitutes a third degree felo Required Signature/Incorporator		