## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORP USA Account Number : 072450003255 Phone : (305)634-3694 : (305)633-9696 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: FLORIDA PROFIT/NON PROFIT CORPORATION MR. SAM. INC. Certificate of Status 0 Certified Copy Page Count \$78.75 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

**CORPUSA** 

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November 12, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: 0-H, INC. REF: W15000074274

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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) 245-6052.

Jessica A Fason Regulatory Specialist II FAX Aud. #: E15000267517 Letter Number: 115A00023842

P.O BOX 6327 - Tallahassee, Florida 32314

TILED

15 NOV 12 PH 2: 57

SECREDARY OF STAIR.
ALLAMASSEE TO STAIR.

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## **COVER LETTER**

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

SUBJECT: MF	R. SAM, INC.				
50102C1	(PROPOSED CORP	ORATE NAME – MUST INCL	UDE SUFFIX)		
Enclosed are an	original and one (I) copy of th	e articles of incorporation an	d a check for:		
□ \$70.0 Filing F	00  \$78.75  ee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate o Status  PY REQUIRED		
FROM:	MARTIN SCHWARTZ				
	)	Name (Printed or typed)			
	11257 WATER OAK PLACE				
		Address	<u> </u>		
	DAVIE, FL 33330				
	City, State & Zip				
	954-278-8300				
	Daytime Telephone number				
	martin@answerquest.net				
	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)

	E MR. SAM, INC.	
TICLE II PRI		Mailing address, if different is:
257 WATER OAK	PLACE	
AVIB, FL 33330		
RTICLE III PURI e purpose for which	POSE 1 the corporation is organized is: ANY A	AND ALL LEGAL MATTERS.
<del> </del>		
		······································
<del></del>		
TICLE V INITI	of stock is:	
Name and Ti	IAL OFFICERS AND/OR DIRECTORS  MARTIN SCHWARTZ, PRESIDEN  11257 WATER OAK PLACE	I IT Name and Title:
Name and Tit Address	<i>IAL OFFICERS AND/OR DIRECTORS</i> MARTIN SCHWARTZ, PRESIDEN	·
Name and Ti	IAL OFFICERS AND/OR DIRECTORS He: 11257 WATER OAK PLACE	I IT Name and Title:
Name and Tit	MARTIN SCHWARTZ, PRESIDEN 11257 WATER OAK PLACE DAVIB, FL 33330	I IT Name and Title:
Name and Tit	MARTIN SCHWARTZ, PRESIDEN 11257 WATER OAK PLACE DAVIB, FL 33330	Name and Title:  Address:  Name and Title:
Name and Tit Address Name and Titl	MARTIN SCHWARTZ, PRESIDEN  11257 WATER OAK PLACE  DAVIE, FL 33330	Name and Title:  Address:  Name and Title:
Name and Titl Address  Name and Titl Address	IAL OFFICERS AND/OR DIRECTORS  MARTIN SCHWARTZ, PRESIDEN  11257 WATER OAK FLACE  DAVIB, FL 33330  6:	Name and Title:  Address:  Name and Title:  Address:
Name and Titl Address  Name and Titl Address	IAL OFFICERS AND/OR DIRECTORS  MARTIN SCHWARTZ, PRESIDEN  11257 WATER OAK FLACE  DAVIB, FL 33330  6:	Name and Title:  Address:  Name and Title:
Name and Titl Address  Name and Titl Address	IAL OFFICERS AND/OR DIRECTORS  MARTIN SCHWARTZ, PRESIDEN  11257 WATER OAK FLACE  DAVIB, FL 33330  6:	Name and Title:  Address:  Name and Title:  Address:  Name and Title:

Name and Title:		Name and Title:	
Address		Address:	
	·····		
	**************************************		
	REGISTERED AGENT  Storida street address (P.O. Box NOT acceptable)	of the revisiered agent is:	
Name:	MARTIN SCHWARTZ		
Address:	11257 WATER OAK PLACE		
	DAVIE, FL 33330	_	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	ddress of the incorporator is:		
Name:	MARTIN SCHWARTZ		
Address:	11257 WATER OAK PLACE	_	
	DAVIE, FL 33330	<del>-</del>	
illective date, if If an effective ( lays after the fi	iling.)	. (OPTIONAL)  not be more than five business days prior or 90 business is statutory filing requirements, this date will not be listed as	
	offective date on the Depuriment of State's records		
	am fumiliar with and accept the appointment as r	ss for the above stated corporation at the place designated in agistered agent and agree to act in this capacity	
	martin schwartz	11/09/15	
<del> </del>	Required Signature/Registered Agent	Date	
submit this doc ocument to the	cument and affirm that the facts stated herein ut Department of State constitutes a third dagree fel	e true. I am aware that the fulse information submitted in a only as provided for in \$1817.185, F.S.	
	martin schwartz	11/09/15	
Requ	ired Signature/Incorporator	Date	

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