

P16000012590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

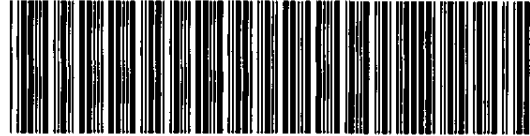
(Document Number)

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12/28/15--01028--004 **78.75

W16-1230

FILED
16 FEB - 1 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-08-16
3

COVER LETTER

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

SUBJECT: GoFranchise Incorporated DBA: Sam Wraps

(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: Sam Wraps (GoFranchise Incorporated)

Name (Printed or typed)

4058 Gallagher Loop

Address

Casselberry, FL 32707

City, State & Zip

727-692-9825

Daytime Telephone number

wrapyourworldaz@gmail.com

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2016

SAM WRAPS
4058 GALLAGHER LOOP
CASSELBERRY, FL 32707

SUBJECT: GOFRANCHISE INCOPRORATED DBA SAMWRAPS
Ref. Number: W16000001230

We have received your document for GOFRANCHISE INCOPRORATED DBA SAMWRAPS 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 616A00000524



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2016

SAM WRAPS
4058 GALLAGHER LOOP
CASSELBERRY, FL 32707

SUBJECT: SAMWRAPS
Ref. Number: W16000001230

RECEIVED
16 FEB - 1 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SAMWRAPS 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 716A00001283

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SamWraps Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

4058 Gallagher Loop

Casselberry, FL 32707

Mailing address, if different is:

17075 Dolphin Drive

North Redington Beach, FL 33708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide professional consultation services.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samantha Benoit, President

Address: 17075 Dolphin Drive

North Redington Beach, FL 33708

Name and Title: Douglas Benoit, Treasurer

Address: 17075 Dolphin Drive

North Redington Beach, FL 33708

Name and Title: Leon Turman, Director

Address: 159 Blue Grouse Drive

Canon City, CO 81212

Name and Title: Debora Turman, Director

Address: 159 Blue Grouse Drive

Canon City, CO 81212

Name and Title:

Address:

Name and Title:

Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Douglas Benoit

Address: 17075 Dolphin Drive

North Redington Beach, FL 33708

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Samantha Benoit

Address: 17075 Dolphin Drive

North Redington Beach, FL 33708

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

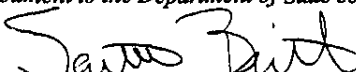


Required Signature/Registered Agent

31 December 2015

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

31 December 2015

Date

FILED
16 FEB - 1 PM 4:50
TALLAHASSEE, FLORIDA