

# **Electronic Articles of Incorporation For**

**P18000037440  
FILED  
March 28, 2018  
Sec. Of State  
dlokeefe**

SAMUEL J. ASSOCIATES, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

## **Article I**

The name of the corporation is:

SAMUEL J. ASSOCIATES, INC.

## **Article II**

The principal place of business address:

10018 SPANISH ISLE BOULEVARD  
SUITE F-6  
BOCA RATON, FL. 33498

The mailing address of the corporation is:

6071 NW 69TH WAY  
PARKLAND, FL. US 33067

## **Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

## **Article IV**

The number of shares the corporation is authorized to issue is:

1000

## **Article V**

The name and Florida street address of the registered agent is:

SAMUEL FERRARA  
6071 NW 69TH WAY  
PARKLAND, FL. 33067

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: SAMUEL J. FERRARA

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## **Article VI**

The name and address of the incorporator is:

SAMUEL J. FERRARA  
6071 NW 69TH WAY

PARKLAND

Electronic Signature of Incorporator: SAMUEL J. FERRARA

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: PSTD  
SAMUEL J FERRARA  
6071 NW 69TH WAY  
PARKLAND, FL. 33067 US

RECEIVED

2018 APR 18 PM 1:25

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES**P18 000 037440**

LAW OFFICES

**LES H. STEVENS, P.A.**

5301 NORTH FEDERAL HIGHWAY

SUITE 130

BOCA RATON, FLORIDA 33487

Telephone: (561) 989-9797

Facsimile: (561) 989-8484

E-Mail: leahstevens@earthlink.net

**FACSIMILE TRANSMITTAL SHEET****TO: NEW FILING/MR. O'KEEFE****FAX #: 850-245-6804****FROM: LES H. STEVENS, ESQUIRE****RE: SAMUEL J. ASSOCIATES, INC.****DATE: April 2, 2018***Re-Fax'd 4/12/18***OUR CLIENT #:****NUMBER OF PAGES IN TRANSMITTAL: 8 (INCLUDING THIS PAGE)****MESSAGE:****MR. O'KEEFE:**

IN FURTHERANCE OF OUR TELEPHONE CONVERSATION, ENCLOSED IS THE NOTICE OF CONFLICT FROM MR. WILSON OF YOUR OFFICE REGARDING THE ARTICLES OF INCORPORATION FOR SAMUEL J. ASSOCIATES, INC.

I HAVE ALSO ENCLOSED A COPY OF THE CONFLICTING ENTITY, SAMUEL J. ASSOCIATES LIMITED LIABILITY COMPANY.

YOU WILL NOTE THAT THE PRINCIPAL ADDRESS, MAILING ADDRESS, AND REGISTERED AGENT FOR BOTH ENTITIES IS THE SAME, BEING SAMUEL J. FERRARA.

PLEASE PROCESS THE APPLICATION FOR SAMUEL J. ASSOCIATES, INC. AS ORIGINALLY PRESENTED.

IF THERE IS STILL AN ISSUE WITH SUCH INCORPORATION, PLEASE DO NOT HESITATE TO CONTACT ME.

THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND/OR OTHERWISE EXEMPT FROM DISCLOSURE. IF YOU HAVE RECEIVED THIS TRANSMITTAL IN ERROR, PLEASE IMMEDIATELY NOTIFY THIS OFFICE.

BY:

*[Signature]*  
Les H. Stevens, Esquire

D O'KEEFE

APR 25 2018

**Les Stevens**

**From:** coronline@dos.state.fl.us  
**Sent:** Friday, March 30, 2018 4:54 PM  
**To:** LESSTEVENS@EARTHLINK.NET  
**Subject:** Corporate Filing - 300311232163

Document Number: W18000031131  
Entity Name: SAMUEL J. ASSOCIATES, INC.  
Tracking Number: 300311232163  
Pin Number: 2163

We received your online transmitted document. However, the document has not been filed for the following:

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.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L03000000705.

You must list at least one incorporator with a complete business street address.

To make the necessary corrections to your filing, return to our website at [www.sunbiz.org](http://www.sunbiz.org) <<http://www.sunbiz.org>> and select the filing type your wanting to correct under the 'Filing Services' menu and click on the 'File or Correct' button.

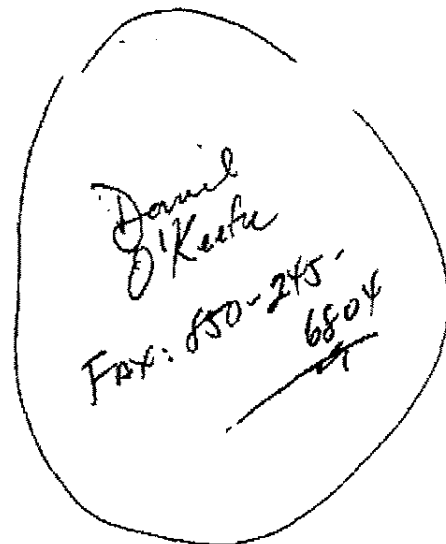
Then enter your tracking number and pin number in correction box on the right hand side of the screen. Both of these numbers are listed in the top portion of this email. Next, simply click on "update filing" to access the document you previously submitted to our office.

Please disregard this letter if you have contacted our office and were advised how to correct your document online.

This filing will be considered abandoned in 60 days, if no response is received.

If you have any questions concerning your filing please call 850-245-6052.

Connor Wilson  
OPS~~~~~  
New Filing Section



04/18/2018 09:36 5E19898484

LES H STEVENS PA

PAGE 03/08

Letter Number: 180330165420-300311232163

Detail by Entity Name

<http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail...>**Detail by Entity Name**

Florida Limited Liability Company

SAMUEL J. ASSOCIATES LIMITED LIABILITY COMPANY

**Filing Information**

Document Number L03000000705  
FEI/EIN Number 14-1873313  
Date Filed 01/08/2003  
State FL  
Status ACTIVE  
Last Event AMENDMENT  
Event Date Filed 08/27/2004  
Event Effective Date NONE

**Principal Address**

10018 SPANISH ISLE BLVD  
BOCA COMMERCE PH. STE.F-8  
BOCA RATON, FL 33498

Changed: 04/16/2012

**Mailing Address**

6071 NW 69TH WAY  
PARKLAND, FL 33067

Changed: 04/16/2012

**Registered Agent Name & Address**

FERRARA, SAMUEL  
6071 NW 69TH WAY  
PARKLAND, FL 33067

Address Changed: 04/16/2012

**Authorized Person(s) Detail****Name & Address**

Title MGRM

FERRARA, SAMUEL  
6071 NW 69TH WAY  
PARKLAND, FL 33067

Title MGRM

FERRARA, JACQUELINE  
6071 NW 69TH WAY  
PARKLAND, FL 33067

**Annual Reports**

Report Year	Filed Date
2016	03/18/2016
2017	04/18/2017



[Department of State](#) / [Division of Corporations](#) / [Start a Business](#) / [Start E-filing](#) / [Florida Profit Filing](#) /

## Florida Profit Filing

### Filing Information

If an effective date is required for this filing, enter here / / (MM/DD/YYYY) What is an effective date?

Number of Certificates of Status 0 (Optional)

Number of Certified Copies 0 (Optional)

Corporate Name SAMUEL J. ASSOCIATES, INC.

(Name must include suffix such as "Corp", "Inc.", "Incorporated", etc.)

Corporate Stock Shares 1000

What are corporate stock shares?

(Cannot be zero)

**Principal Place of Business** (The principal address must be a street address)

Address 10018 SPANISH ISLE BOULEVARD

Suite, Apt. #, etc. SUITE F-6

City, State BOCA RATON, FL

Zip Code & Country 33498

### Mailing Address

If your corporate mailing address is the same as the principal address above, please check the box below. Otherwise, enter your corporate mailing address.

☒ Mailing address same as principal address

Address 6071 NW 59TH WAY

Suite, Apt. #, etc.

City, State PARKLAND, FL

Zip Code & Country 33067 US

**Name And Address of Registered Agent** What is a registered agent?

Name (Last, First, Middle, Title) FERRARA, SAMUEL (Sr., Jr., etc.)

- OR -

Business to serve as RA (Must be different from entity name being filed)

Address 6071 NW 59TH WAY (PO Box not acceptable)

Suite, Apt. #, etc.

City, State PARKLAND, FL  
Zip Code & Country 33067 US

The Registered Agent must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on the entity's behalf. Do not enter the name of the entity you are attempting to file as Registered Agent. A business entity cannot serve as its own RA.

Registered Agent Signature SAMUEL J. FERRARA

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s. 831.06, F.S.

#### Notice of Annual Report

This corporation must file an Annual Report with the Division of Corporations between January 1st and May 1st of every year to maintain "active" status. The corporation's first annual report will be due between January 1st and May 1st of the calendar year following the year the corporation is formed and must be filed online. The fee to file a Corporation Annual Report is \$150. A \$400 late fee is applied if the report is filed after May 1st. Reminder notices to file the Annual Report will be sent to the e-mail address you provide in these articles. File early to avoid the late fee

#### Incorporator Name And Address

Name SAMUEL J. FERRARA

Address 6071 NW 69TH WAY

Suite, Apt.#, etc.

City, State & Zip Code PARKLAND

Electronic Signature of Incorporator SAMUEL J. FERRARA

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

#### Corporate Purpose

☒ Corporate purpose is 'Any and all lawful business'.

(Do not check this box if a "Professional Association". You must list specific purpose below.)

(Maximum of 240 characters)

ANY AND ALL LAWFUL BUSINESS.

240 characters remaining

#### Correspondence Name And E-mail Address Why do you need my e-mail address?

Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing and future annual report notices will be sent.

Name LES H. STEVENS, ESQUIRE

E-mail Address LESSTEVENS@EARTHLINK.NET

Re-enter E-mail Address



**Officer/Director Name And Address**

List the name and address of each officer/director now. This information is required to open most bank accounts and to obtain workers' comp exemption. Once this document is filed, any changes will require an amendment and an additional \$35.00 filing fee.

Title PSTD (P, VP, etc...)

Name (Last, First, Middle, Title) FERRARA, SAMUEL, J, (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address 6071 NW 69TH WAY

City, State PARKLAND, FL

Zip Code &amp; Country 33067 US

Title (P, VP, etc...)

Name  
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State

Zip Code &amp; Country

Title (P, VP, etc...)

Name  
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State

Zip Code &amp; Country

Title (P, VP, etc...)

Name  
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State

Zip Code &amp; Country

Title (P, VP, etc...)

Name

Last Name

First Name

Initial

Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State

Zip Code &amp; Country

Title (P, VP, etc...)

Name

Last Name

First Name

Initial

Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State

Zip Code &amp; Country

Please review the filing for accuracy. If you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.