

**P2100085147**

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (917)243-5843

**\*\*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**  
**SAMM Technologies, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SEP 30 2021

R. SCOTT

**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: SAMM Technologies, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address7749 Bayberry Road,Jacksonville, FL 32256

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: MANUFACTURING GOODS**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SCOTT MORSE, DIRECTORAddress: 7749 BAYBERRY ROADJACKSONVILLE, FL 32256Name and Title: and PRESIDENT

Address:

Name and Title: ANNA MORSE, DIRECTORAddress: 7749 BAYBERRY ROADJACKSONVILLE, FL 32256Name and Title: and SECRETARYAddress: " TREASURERName and Title: ANDY TRAN, DIRECTORAddress: 1718 CORAL WAYN. FORT MYERS, FL 33817

Name and Title:

Address:

2021 SEP 29 AM 10:32

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: SCOTT MORSE

Address: 7749 BAYBERRY ROAD

JACKSONVILLE, FL 32256

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: STEPHAN MONEREAU

Address: 100 WALL STREET, STE 503

NEW YORK, NY 10005

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

1/3/ Scott Morse [Signature]

Required Signature/Registered Agent

09/29/2021

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.*

[Signature]

Required Signature/Incorporator

09/29/2021

Date