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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

*12/22/21*

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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

NICK@VLACHOSCPA.COM  
Email Address: \_\_\_\_\_

RECEIVED  
2021 DEC 22 AM 11:55  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
SAM TSIA INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

**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: SAM TSIA INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
421 MERIDIAN AVE #18  
MIAMI BEACH, FL 33139

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 1,500 AT NO PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>SAMANTHA TSIAGALIS - PRESIDENT</u>	Name and Title:	_____
Address	<u>421 MERIDIAN AVE #18</u>	Address:	_____
	<u>MIAMI BEACH, FL 33139</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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 SECRETARY  
 TALLMONT

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: SAMANTHA TSIAGALIS  
 Address: 421 MERIDIAN AVE #18  
MIAMI BEACH, FL 33139

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SAMANTHA TSIAGALIS  
 Address: 421 MERIDIAN AVE #18  
MIAMI BEACH, FL 33139

**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*

*samantha tsiagalis*  
 Required Signature/Registered Agent

DECEMBER 7, 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.*

*samantha tsiagalis*  
 Required Signature/Incorporator

DECEMBER 7, 2021  
 Date

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