## P95000005270

#### TRANSMITTAL LETTER

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

100001372551 -01/06/85--01067--016 \*\*\*\*122.50 SUBJECT: Sam's Place (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 XX \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate & Certified Copy **Certified Copy** & Certificate FROM: Sam Salvaggio Name (printed or typed) 502 Sportsman Park Dr Address Seffner, Fl. 33584 City, State & Zip (813)935-8115

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

Daytime Telephone number



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 10, 1995

SAM SALVAGGIO 502 SPORTSMAN PARK DR SEFFNER, FL 33584

SUBJECT: SAM'S PLACE Ref. Number: W95000000644

We have received your document for SAM'S PLACE and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes 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 (904) 487-6923.

Letter Number: 395A00001065

Doris McDuffie Corporate Specialist Supervisor FILED
95 JAN 20 PH 1: 19
ARTICLES OF INCORPORATION TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

Sam's Place Inc.

#### ARTICLE IL PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

502 Sportsman Park Dr.

Seffner, F1. 33584

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sam Salvaggio

502 Sportsman Park Dr.

Seffner, F1. 33584

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Sam Salvaggio 502 Sportsman Park Dr. Seffner, Fl. 33584

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4th day of January 19 95

Articles of Incorporation Filing Fee - \$35

Signature

# CERTIFICATE OF DESIGNATION OF 95 JAN 20 PH 1: 19 REGISTERED AGENT/REGISTERED OFFICE TARY OF STATE HASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Sam's Place Inc.
2. The name and address of the registered agent and office is:
Sam Salvaggio
(Name)
502 Sportsman Park Dr
(P.O. Box not acceptable)
Seffner, F1. 33584
(City/State/Zip)
Having been named as registered agent and to accept service of process for the above stated comparation at the place designated in this certificate. I hereby accept
the appointment as registered agent and agree to act in this capacity. I further agree
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
as registered agent.
1/95-
(Signature) (Date)