# 

# TRANSMITTAL LETTER

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

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check

for:

18 54

\$70.00 Filing Fac

\$122.50

\$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy & Certificate

FROM:

SAMOYED INC
Name (printed or typed)

6650 SEMINOCE BUD
Address

STRUNGIE FL.

City, State & Zip

800001576558 -09/05/95--01005--011 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

811-391-2133

Daytime Telephone number

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

Pline at completed Cathle to

MARSON ROSINISS

P.O. Ber 2475

Dovern, FC 34697

FILED
SECRETARY OF STATE
THOSE HOUSE COMPONIONS
OS CEP \_ 1 FM IO: 22



# ARTICLES OF INCORPORATION

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:

SAMOYED, EN

#### ARTICLE II PRINCIPAL OFFICE

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

6650 STATERIE BURN

#### 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:

DIANA PIKRY 11201 - 122 - 102 BING LANGO, FL 3 4648

Beara Perry

### ARTICLE V INCORPORATORISI

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

DIAWA PEKRY
11201 - 111 ACC
BING
LARCE FO JUNG

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

30 day of 19 SJ.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF STREET REGISTERED OFFICE

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 S. ATE OF FLORIDA.

The nam	e and address of th	ne registered ager	nt and office is:	
	Dines	FRAKY		
		(Name)		
	11301 -	122 1111	8/2(	<del></del>
		(P.O. Box not acc	raptable)	
	LARCE	F 1	3469	
		(City/State/Zi	p)	
		and agent and to	accent service of	process for the le, I hereby accept acity. I further agre and complete per ions of my position
som boo				