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TRANSMITTAL LETTER

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

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-09/22/97--01052--005
*****78.75 *****78.75

Subject: Samric Corp, Inc.
(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 Filing Fee
☒ \$78.75 Filing Fee & Certificate
☐ \$122.50 Filing Fee & Certified Copy
☐ \$131.25 Filing Fee, Certified Copy and Certificate

From: Sam Etskovitz
Name (printed or typed)
11740 NW 29 Place
Address
Sunrise, FL 33323
City, State & Zip
(954) 748-5185
Daytime Telephone number

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

97 SEP 22 PM 4:31

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

TM-9/23/97

Articles Of Incorporation

Of

Samric Corp, Inc.

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:

Samric Corp, Inc.

Article II - Principal Office

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

Mailing Address:
11740 NW 29 Place
Sunrise, FL 33323

Business Address:
2309 NE 5th Avenue
Pompano Beach, FL 33064

Article III - Shares

The number of shares of stock that this corporation is authorized

1000 Shares, No Par Value.

Article IV - Initial Registered Agent and Street Address

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The name and address of the initial registered agent is:

Sam Etskovitz
11740 NW 29 Place
Sunrise, FL 33323

Article V - Incorporator(s)

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

Sam Etskovitz
11740 NW 29 Place
Sunrise, FL 33323

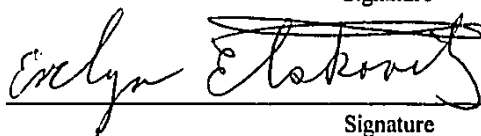
Evelyn Etskovitz
11740 NW 29 Place
Sunrise, FL 33323

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

____ 18th ____ day of ____ September ____, 19 ____ 97 ____.



Signature



Signature

Signature

**Articles of Incorporation
Filing Fee - \$35.00**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PRESENT 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: Samric Corp. Inc.

2. The name and address of the registered agent and office is:

Sam Etskovitz
(Name)
11740 NW 29 Place
(P.O. Box not acceptable)
Sunrise, FL 33323
(City/State/Zip)

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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.

Sam Etskovitz
(Signature)

9/18/97
Date

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314

\$35.00 Designation of Registered Agent Fee