TRANSMITTAL LETTER

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

-	06/01/980	2273)1064014 *****78.75
	-	-

ADDITIONAL COPY REQUIRED

			-U5/U1/35U1U54U *****78。75 ******7
SUBJECT:	PAMIES AU	TO SERVICE	INC
	(Proposed cor	porate name - must include suf	fix)
		÷	-
Enclosed is an original	and one(1) conv of the artic	cles of incorporation and a	check for :
Enciosoa is un original	and one(1) copy of all and		
\$70.00	\$78.75	□\$122.50	\$131.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
1111119100	& Certificate	& Certified Copy	Certified Copy
			& Certificate
		1	

Daytime Telephone number

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

ARTICLES OF INCORPORATION

NAME

ARTICLE I

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

The name of the corporation shall be:	SAMIES	AU10 50	SKVICE.	INC	-
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing 512 S - Dixie His Company Both ARTICLE III SHARES The number of shares of stock that this cor	address of this corpo	20 .	ng at any one tim	ne is: Z	
ARTICLE IV INITIAL REGIST The name and Florida street address of the 1115-ROT SEVERE 4195 Lave Side W TAMARAC, PC-33319		t are:		12	. <u></u>
The name and address of the incorporator ADIGN SEVERE 2750 NW 56 AVEN Londer hell, Fi. 33	r to these Articles of I we $\# f 302$ 337	ncorporation are:		98 JUN-1 A SECRETARY C TALLAHASSEE	FILE
Signature/Incorporator		5-29-	78 Date	M 8: 23 F STAFE FLORIDA	_ _
(An additional artic	le must be added if an	effective date is re	equested.)		
Having been named as registered agent and to acceptificate, I hereby accept the appointment as registered so the proper obligations of my position as registered agent	gistered agent and agree	to act in this capacity	y. I further agree i	to comply with	the
Signature/Registered Agent			7 / 78 Date		_