

TRANSMITTAL LETTER

P990000 969/3

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

100003025941--9
-10/27/99--01032--018
****122.50 ****78.75

SUBJECT: Samuel Johnson, 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
& Certificate

FROM: SAMUEL JOHNSON
Name (printed or typed)

3286 NW 43rd St.
Address

Lauderdale Lakes, Fl. 33309
City, State & Zip

(305) 822-7443 / (305) 343-1079
Daytime Telephone number

FILED
99 NOV -3 PM 3:34
TALLAHASSEE, FLORIDA

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

W-24856
ajc 10/28



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 28, 1999

SAMUEL JOHNSON
3286 NW 43RD ST.
LAUDERHILL LAKES, FL 33309

SUBJECT: SAMUEL JOHNSON, INC.
Ref. Number: W99000024856

We have received your document for SAMUEL JOHNSON, INC. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6878.

Alan Crum
Document Specialist

Letter Number: 399A00051776

ARTICLES OF INCORPORATION

OF

Samuel E. Johnson Inc. of Lauderdale Lakes

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:

Samuel E. Johnson, Inc. of Lauderdale Lakes

ARTICLE II PRINCIPAL OFFICE

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

3286 NW 43rd St
Lauderdale Lakes, FL 33309

ARTICLE III SHARES

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

100 Shares @ \$1.00 Per Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Samuel Johnson
3286 NW 43rd St
Lauderdale Lakes, FL 33309

TALLAHASSEE, FLORIDA
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ARTICLE V INCORPORATOR(S)

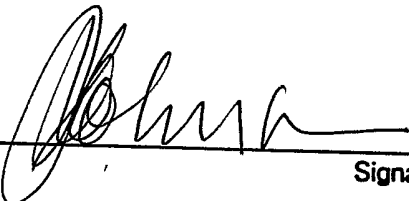
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Samuel Johnson, President, CEO

Samuel E. Johnson, Inc of Lauderdale Lakes
3286 NW 43rd St
Lauderdale Lakes, FL 33309

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

25th day of October, 1999.



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/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 STATE OF FLORIDA.

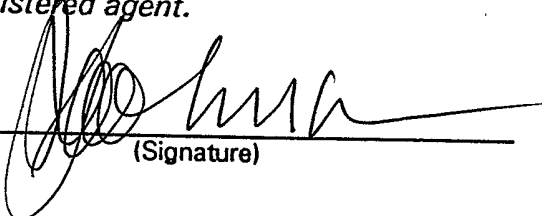
1. The name of the corporation is: Samuel E. Johnson, Inc. of Lauderdale Lakes

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

Samuel Johnson
(Name)
3286 NW 43rd St
(P.O. Box ~~not~~ acceptable)
Lauderdale Lakes, FL 33309
(City/State/Zip)

NOV 3 1999
TALLAHASSEE, FLORIDA

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.


(Signature)

10.25.99