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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

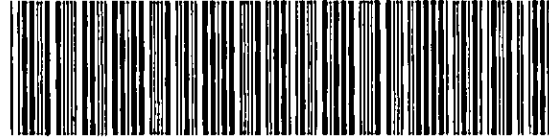
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
DIVISION OF CORPORATION
18 NOV -5 AM 8:55
TALLAHASSEE, FLORIDA



1.877.692.6772
www.mycorporation.com

Routine Filing Request

November 01, 2018

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Adriana Salmon P.A.

Ladies and Gentlemen:

Please find enclosed for filing Articles of Incorporation for the above referenced company.

Enclosed is a check in the amount of \$78.75 for filing and for a certified copy.

Please return the certified copy to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation Business Services, Inc.
26025 Mureau Rd, Suite 120,
Calabasas, CA 91302

**ARTICLES OF INCORPORATION
OF
Adriana Salmon P.A.**

A Florida Professional Service Corporation

In compliance with Chapter 607 and/or Chapter 621, Florida Statutes:

ARTICLE I NAME

The name of the corporation shall be Adriana Salmon P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business is:

2709 SW 27 Ave
Ocala, FL 34471

ARTICLE III PURPOSE

The specific purpose for which the corporation is organized is to engage in the practice of the profession Real Estate.

ARTICLE IV SHARES:

The number of shares of stock the corporation shall be authorized to issue is 1,500 at \$0.01 par value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

The name(s) of the initial officer(s); and/or the name(s) and address(es) of the initial director(s) are:

Officers:

President: Adriana Salmon
Vice President: Adriana Salmon
Treasurer: Adriana Salmon
Secretary: Adriana Salmon

Directors:

Adriana Salmon
2709 SW 27 Ave
Ocala, FL 34471

SECRET
STATE ARCHIVE OF FLORIDA
DIVISION OF CORPORATIONS
18 NOV -5 AM 8:55
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Adriana Salmon
709 SW 27 Ave
Ocala, FL 34471

ARTICLE VII INCORPORATOR

The name and address information of the incorporator is:

Adriana Salmon 2709 SW 27 Ave Ocala, FL 34471

Registered Agent Consent:

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 am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Adriana Salmon 10/19/2018
Adriana Salmon, Registered Agent Date

Incorporator Signature

Adriana Salmon 10/19/2018
Adriana Salmon, Incorporator Date

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 NOV -5 AM 8:55
TALLAHASSEE, FLORIDA