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Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

SALT MINE,INC.

Certificate of Status	0
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2m. 4/12/01

ARTICLES OF INCORPORATION

<u>OF</u>

SALT MINE, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: SALT NINE, INC.

The principal place of business of this corporation shall be: 11420 INTERCHANGE CIRCLE NORTH, Miramar Fl 33025.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

100 shares @ \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Edward G. Pol (President) 11420 Interchange Circle North Miramar, Pl 33025.

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

Edward G. Pol 11420 Interchange Circle North Miramar, Fl 33025.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this,

10th day of April 2001

Signature(s) of Incorporator(s)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

2. The name and address of the registered agent and office is: BDWARD G. POL 11420 Interchange Circle North (P.O. BOX NOT ACCEPTABLE)	
(P.O. BOX NOT ACCEPTABLE)	
(CITY/STATE/ZIP) SET OF THE SET	
SIGNATURE	
TITLE President	
DATE 4/10/01	
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUT RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF ADUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.	HIS ES AY
DATE 4/10/01	_