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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

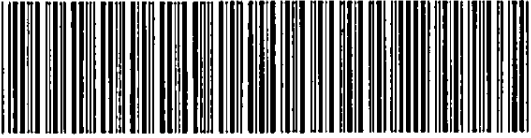
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. ROBERTS

MAY - 5 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAVAL CONTRACTOR CORP

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ALEJANDRO GALVEZ

Name of Person

MASTER OFFICE SERVICES

Firm/Company

7169 UNIVERSITY BLVD

Address

WINTER PARK, FL 32792

City/State and Zip code

MASTEROFFICETEAM@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE M MARQUEZ

at (407) 948-1650

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. SAVAL CONTRACTOR CORP

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 05/05/2021

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6. 05/01/2023

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1096 LANDFORD DR SW, LILBURN, GA 30047

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JOSE M MARQUEZ

Office Address: PO BOX 4084

APOPKA, Florida 32704 (City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Handwritten signature] (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2023 / 04 / 11 9:19

A. DIRECTORS

Chairman Name: JOSE M MARQUEZ
 Vice Chairman Address: 1096 LANDFORD DR SW
 Director LILBURN, GA 30047
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

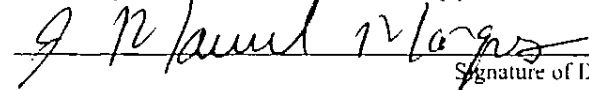
Chairman Name: VALERIA SALDIVAR
 Vice Chairman Address: 1096 LANDFORD DR, SW
 Director LILBURN, GA 30047
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. JOSE M MARQUEZ
 (Typed or printed name and capacity of person signing application)



GEORGIA
CORPORATIONS
DIVISION

GEORGIA SECRETARY OF STATE
BRAD
RAFFENSPERGER

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **SAVAL CONTRACTOR CORP** Control Number: **21134816**

Business Type: **Domestic Profit Corporation** Business Status: **Active/Noncompliance**

NAICS Code: **Any legal purpose** NAICS Sub Code:

Principal Office Address: **1096 LANFORD DR SW, LILBURN, GA, 30047, USA** Date of Formation / Registration Date: **5/5/2021**

State of Formation: **Georgia** Last Annual Registration Year: **2022**

REGISTERED AGENT INFORMATION

Registered Agent Name: **JOSE M MARQUEZ**

Physical Address: **1096 LANFORD DR SW, LILBURN, GA, 30047, USA**

County: **Gwinnett**

OFFICER INFORMATION

Name	Title	Business Address
JOSE M MARQUEZ	CEO	1096 LANFORD DR SW, LILBURN, GA, 30047, USA
JOSE MARQUEZ	CFO	1096 LANFORD DR SW, LILBURN, GA, 30047, USA
VALERIA SALDIVAR	Secretary	1096 LANFORD DR SW, LILBURN, GA, 30047, USA

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