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| (Re | questor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | | MAIL | | | |
| (Bu | siness Entity Nan | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 11, 2017

RANDA D. SHAW 12913 CR 104B OXFORD, FL 34484 US

SUBJECT: THINK SALT, INC. Ref. Number: W17000056849

We have received your document for THINK SALT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return 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) 245-6052.

JUAN A REYES Regulatory Specialist II

Letter Number: 717A00013901

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

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

Think Salt, Inc. SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

.

5 \$70.00 Filing Fee

■ \$78.75 Filing Fee & Certificate of Status ■\$78.75 Filing Fee & Certified Copy

■ \$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

Randa D. Shaw FROM:

Name (Printed or typed)

12913 CR 104B

Address

Oxford, FL 34484

City, State & Zip

3524616676

Daytime Telephone number

thinksalt@gmail.com

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

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

| هر در این ا | | ES OF INCORPORATION with Chapter 617, F.S., (Not for Pro | īt) |
|------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------|
| ARTICLE I The name of the | <u>NAME</u> e corporation shall be: | | |
| ARTICLE II | PRINCIPAL OFFICE | | |
| 12913 | Principal <u>street</u> address: 3 CR 104B | Mailing | address, if different is: |
| Oxfor | rd. FL34484 | | |
| | <u>PURPOSE</u> or which the corporation is organized is: urposes within the meaning of \$501 (c) | Think Salt, Inc. is organized exclusion | |
| | | | |
| | | <u></u> | |
| | | | |
| specified in th | of the Corporation shall be elected in the bylaws of the Corporation. In no ev INITIAL OFFICERS AND/OR DIRE | accordance with methods and qualizent, shall the number of directors be CCTORS | ications fewer than three. — |
| Name and Title | Tommie Norris-Shaw, President | Name and Title: | |
| Address | 12913 CR 104B | Address: | |
| | Oxford, FL 34484 | | |
| Name and Title | Doug Shaw, Treasurer | Name and Title: | |
| Address | 12913 CR 104B | Address: | - 25 SSI - 25 |
| | Oxford, FL 34484 | ' | |
| Name and Title | Greg Norris, Secretary | Name and Title: | |
| Address | 2720 CR 615B | Address: | |
| ~~~~~ | Bushnell, FL 33513 | | |
| | | | ······································ |

| Name and Title:_ | | Name and Title: | |
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| Name and Title | | Name and Title: | |
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| Address | | Address: | |
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| | | | |
| | REGISTERED AGENT | | |
| The <u>name and Fl</u> | orida street address (P.O. Box NOT a | acceptable) of the registered agent is: | |
| Name: | Randa D. Shaw | | |
| Address: | 12913 CR 104B | | |
| | Oxford, FL 34484 | | |
| | | | TAL SE |
| | INCORPORATOR | | |
| The <u>name and ad</u> | dress of the Incorporator is: | | FIL JUL 25 AHASSE |
| Name: | Randa D. Shaw | | S S S |
| Address: | 12913 CR 104B | | ILE 25 AH SSEE. FI |
| | Oxford, FL 34484 | | AH 8: 30 E. FLORIDA |
| ARTICLE VIII | EFFECTIVE DATE: | | |
| Effective date, if o | other than the date of filing: | (OPTIONAL) c and cannot be more than five days prior o | - 00 days after the filling) |
| (in an enective d | are is used, the date must be specific | c and cannot be more than five days prior o | r 90 days after the filing.) |
| Note: If the date document's effect | inserted in this block does not meet th ive date on the Department of State's r | e applicable statutory filing requirements, this records. | date will not be listed as the |
| Having been nan certificate, I am fi | ned as registered agent to accept serv uniliar with and Accept the appointme | ice of process for the above stated corporatio nt as registered agent and agree to act in this c | n at the place designated in this vapacity |

Paquird Signature of B

06/29/2017 Date جر

Required Signature of Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

2 Required Signature of Incorporator

06/29/2017

Date