

TRANSMITTAL LETTER

P02000014390

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

800004896018--3

-02/08/02--01029--019

*****78.75 *****78.75

SUBJECT: SALSA EXPRESS PRODUCTIONS 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

ADDITIONAL COPY REQUIRED

FROM: ROBERT ROLDAN
Name (Printed or typed)

6547 NW CHUGWATER CIRCLE
Address

PORT ST LUCIE, FLORIDA 34983
City, State & Zip

561-971-9603
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2002 FEB - 8 AM 10: 44

FILED

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

2/13/02

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:
SALSA EXPRESS PRODUCTIONS INC

ARTICLES II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE CORPORATION SHALL BE:
6547 NW DHUGWATER CIRCLE
PORT ST LUCIE, FLORIDA 34983

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:
FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:

THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT IS:

ROBERT ROLDAN
6547 NW CHUGWATER CIRCLE
PORT ST LUCIE, FLORIDA 34983

ARTICLE V NAME OF INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:

ROBERT ROLDAN
6547 NW CHUGWATER CIRCLE
PORT ST LUCIE, FLORIDA 34983


SIGNATURE / INCORPORATOR

02/05/02
DATE

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 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

STATE
TALLAHASSEE
FLORIDA

2002 FEB - 8 AM 10:44

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FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS
REGISTERED AGENT.


SIGNATURE / REGISTERED AGENT

02/08/02
DATE

2002 FEB -8 AM 10:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED