

TRANSMITTAL LETTER
P02000059833

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

SUBJECT: Salinas & Associates, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FILED
02 MAY 30 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Roseleen H. Salinas
Name (Printed or typed)

533-B Silver Slipper Lane
Address

Tallahassee, FL 32303
City, State & Zip

850-385-4539
Daytime Telephone number

600005651806--5
-05/30/02--01042--005
*****78.75 *****78.75

RECEIVED
02 MAY 30 PM 1:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

5-30-02
WC

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Salinas & Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

533-B Silver Slipper Lane
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Coaching, training, consulting, and any other legal business activity within the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Roseleen H. Salinas, 533-B Sliver Slipper Lane, Tallahassee, FL 32303, President

ARTICLE VI REGISTERED AGENT

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

Roseleen H. Salinas
533-B Sliver Slipper Lane
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Roseleen H. Salinas
533-B Sliver Slipper Lane, Tallahassee, FL 32303

Having been named as registered agent 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

Roseleen H. Salinas
Signature/Registered Agent

5/30/02
Date

Roseleen H. Salinas
Signature/Incorporator

5/30/02
Date

FILED
02 MAY 30 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA