

P02000123018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

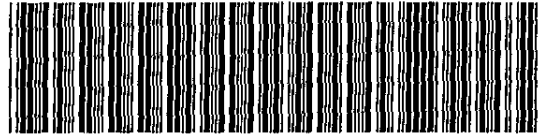
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/9
W0231994
9029-60902

TRANSMITTAL LETTER

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

SUBJECT: SALCORT, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: GONZALO SALMERON
Name (Printed or typed)

11901 SW 45 ST.
Address

Miami, FL 33175
City, State & Zip

cell 786-299-1356
Daytime Telephone number

305-841-4141

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



RECEIVED

02 NOV 18 PM 12:35

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Jim Smith
Secretary of State

November 7, 2002

GONZALO SALMERON
11901 SW 45TH ST.
MIAMI, FL 33175

SUBJECT: SALCORT, INC.
Ref. Number: W02000031974

We have received your document for SALCORT, INC.. However, the document has not been filed and is being returned for the following:

- ✓ You must list the corporation's principal office and/or a mailing address in the document.
- ✓ You must list at least one incorporator with a complete business street address.
- ✓ We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of 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) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 902A00060902

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:

SALCORT, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Miami

*7350 NW 7 St.
Suite 103
Miami, FL 33126*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Travel Related Services

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):

*Gonzalo Salmeron
11901 SW 45 St.
Miami, FL 33175
President*

ARTICLE VI REGISTERED AGENT

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

*Gonzalo Salmeron
11901 SW 45 St. Miami, FL 33175*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Gonzalo Salmeron
7350 NW 7 St. Suite 103 Miami, FL 33126*

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



Signature/Registered Agent

11/01/02

Date



Signature/Incorporator

11-1-02

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA