

P04000003667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500025677535

12/24/03--01038--019 **87.50

FILED

03 DEC 24 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

TRANSMITTAL LETTER

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

SUBJECT: SALAS FINANCIAL SERVICES 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: CAROLYN S. SALAS

Name (Printed or typed)

2247 SE 26 LANE

Address

HOMESTEAD, FL 33035

City, State & Zip

(305)230-0910

Daytime Telephone number

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

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:

SALAS FINANCIAL SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 902208 HOMESTEAD, FL 33090

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE FINANCIAL SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CAROLYN S SALAS
2247 SE 26 LANE
HOMESTEAD, FL 33035
PRESIDENT

ARTICLE VI REGISTERED AGENT

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

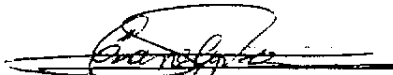
CAROLYN S SALAS
2247 SE 26 LANE
HOMESTEAD, FL 33035

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAROLYN S SALAS
2247 SE 26 LANE
HOMESTEAD, FL 33035

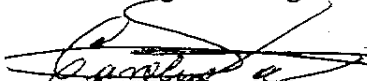
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

12-11-03

Date



Signature/Incorporator

12-11-03

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC 24 PM 5:38

FILED