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(Address)

(Address)

(City/State/Zip/Phone #)

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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 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: 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/mailing 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

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TALLAHASSEE, FLORIDA

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

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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 — Date: 12-11-03

Signature/Incorporator — Date: 12-11-03