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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Cassial Instructions to Filling Officer				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE NLLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: THO	THOMAS SALAZAR D/B/A SALAZAR TRENCHING INC			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	ODIAKIOTAK)	
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	a check for:	
2 \$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
		1	& Certificate of	
		ADDITIONAL CO	Status NEOUIDED	
		ADDITIONAL CO	PY REQUIRED	
FROM: TI	HOMAS SALAZAR			
	Name	(Printed or typed)		
	850 WARNER ROAD		•	
•	1	Address		
	GREEN COVE SPRINGS	FL 32043		
•	City, State & Zip			
	904-284-4643			
•	Daytime T	elephone 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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

SALAZAR TRENCHING, INC.

04 JAN -5 AM 11: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 850 WARNER ROAD
GREEN COVE SPRINGS FL 32043

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ELECTRICAL AND WATER TRENCHING

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

THOMAS SALAZAR/PRESIDENT

850 WARNER ROAD

GREEN COVE SPRINGS FL 32043

SHERYL G. SALAZAR/VICE PRESIDENT

850 WARNER ROAD

GREEN COVE SPRINGS, FL 32043

ARTICLE VI REGISTERED AGENT

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

JOE JEFFERSON 7313 AMANDAS CROSSING DR S JACKSONVILLE, FL 32244-6172

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

THOMAS SALAZAR 850 WARNER ROAD GREEN COVE SPRINGS FL 32043

*******************	************
Having been named as registered agent to accept service of process j certificate, I am familiar with and accept the appointment as registered	for the above stated corporation at the place designated in this I agent and agree to act in this capacity
	12-30-2003
Signature Registered Agent	Date
1 fourth	12-30-2003
Signature/Incorporator	Date