# P0500128405

(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:	
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### TRANSMITTAL LETTER

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

SUBJECT: MR. S	ALAD & CO. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	<del></del> -
Enclosed are an ori	iginal and one (1) copy of the art	ticles of incorporation and	a check for:	<u>.</u>
<b>∠</b> \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
EDOM: A	DA E CALVEIRO			- <del> </del>
FROM. A	Name	e (Printed or typed)	·	6.4 - 2 - 2 <del>2</del>
	12491 SW 134 CT #28	Address		ing sa An ang ang kanangangangan An ang ang ang ang
	MIAMI FL 33189	, State & Zip	<u>.</u> -	. 5
	305-761-0258 Daytime	Telephone number	·	a la

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



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 15, 2005

ADA

ABA E, CALVEIRO 712491 SW 134 CT

′#28

MIAMI, FL 33189

SUBJECT: MR. SALAD & CO. Ref. Number: W05000038321

We have received your document for MR. SALAD & CO.. However, the document has not been filed and is being returned for the following:

Must add an additional suffix or remove the ( & ).

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any further questions concerning your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 705A00051901

See affached Change Thank You 9/15/05

Division of Compositions DO ROY 6227 Tollahaggas Florida 22214

. ARTI	CLES	OF INC	ORPOR	ATION
	4 1 4 1 4 1		ALL TALL	A

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

### ARTICLE I NAME

The name of the corporation shall be:

MR. SALAD & CO.

MR. SALAD COMPANY

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 12491 SW 134 CT #28 MIAMI FL 33189

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## FILED 05 SEP 16 PH 4: 29 TALLY HE SEE, PRINTER

### ARTICLE IV SHARES

The number of shares of stock is:

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ADA E CALVEIRO OWNER 12491 SW 134 CT #28 MIAMI FL 33189

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ADA E CALVEIRO 20861 SW 88 CT MIAMI FL 33189

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ADA E CALVEIRO 20861 SW 88 CT MIAMI FL 33189

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

Signature/Incorporator

Date

Date