## P08000001069

(Requestor's Name)				
(Address)				
(Address)				
. (City/State/Zip/Phone #)				
☐ WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certificates	of Status			
Special Instructions to Filing Officer:				
	dress)  dress)  //State/Zip/Phone  WAIT  siness Entity Nar  cument Number)  Certificates			





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SECRETARY OF STATE
DIVISION OF CORPORATIONS

EP 1/4/08

## **COVER LETTER**

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

SUBJECT: Salle K. Sevuces, Inc. (PROPOSED CORPORATE NAME & MUST INCLUDE SUFFIX)			
	(PROPOSED CORPORA	TE NAME <sup>4</sup> <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles 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
		ADDITIONAL CO	Status PY REQUIRED
FROM:	Sally G. Wilson Name (Printed or typed)		
	1430 Oxford Rd. Address		
	Maitland, Fl. 32751 City, State & Zip		
-	401 - 830-6322 Daytime To	<u>~ 407-463</u> elephone number	-3670

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

## The name of the corporation shall be: Sallee K Services, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1430 Oxford Rd Matland, Fl. 32751 ARTICLE III PURPOSE The purpose for which the corporation is organized is: financial services CONSULTING & DYOKUMY TOAMS ARTICLE IV SHARES The number of shares of stock is: 100 @#1.00 per share ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Sally a wison - owner President Sally a wison - treasurer, secretary 1430 Oxford Rd Matland, Fl 32751

ARTICLES OF INCORPORATION

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

EFFECTIVE DATE ///08

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Sally a.	wilson Haitland, Fland
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is: Sally G	-, Wilson Oxford Rd, Maitland, F1,
***************	**********
Having been named as registered agent to accept service of process for the ab certificate, I am familiar with and accept the appointment as registered agent ar	
Signature/Registered Agent  Signature/Registered Agent	<u>/2 - 28 - 07</u> Date
Sally G. Hilson	12-28-07
Signature/Incorporator	
EFFECTIVE DATE 1/1/08	SECRETARY OF STAIL DIVISION OF CORPORATIONS  08 JAN -3 PM 12: 20

STATE OF FLORIDA

COUNTY OF OTOMOC

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED THE IN

CORPORATOR/SUBSCRIBER, KNOWN TO ME TO BE THE INDIVIDUAL DESCRIBED IN AND WHO

EXECUTED THE FOREGOING ARTICLES OF INCORPORATION AND SAID PERSON ACKNOWLEDGED

SUBSCRIBING SAID INSTRUMENT FOR THE PURPOSES SET FORTH HEREIN.

WITNESS MY OFFICIAL HAND AND SEAL IN THE COUNTY AND STATE LAST AFORESAID THIS 2810

DAY OF DECEMBER 2007.

ALLSON MERSODA

NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC, STATE OF FLORIDA

I HEREBY ACCEPT DESIGNATION AS REGISTERED AGENT OF THIS CORPORATION AND AGREE TO

COMPLY WITH ALL PROVISIONS OF LAW RELATING TO REGISTERED AGENTS.

SALLY G. WILSON

EFFECTIVE DATE 1/1/08