

P09000060737

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

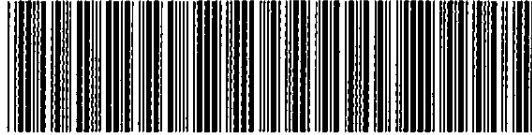
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2009 JUL 14 P 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W09000028854

## COVER LETTER

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

**SUBJECT:** SALUD INTEGRAL INC  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

**ADDITIONAL COPY REQUIRED**

FROM: SALUD INTEGRAL INC  
Name (Printed or typed)

108 NW 9TH TERRACE #110  
Address

HALLANDALE, FL 33009  
City, State & Zip

954-457-7435  
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2009

SALUD INTEGRAL INC  
108 NW 9TH TERRACE #110  
HALLANDALE, FL 33009

SUBJECT: SALUD INTEGRAL INC  
Ref. Number: W09000028854

We have received your document for SALUD INTEGRAL INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist Supervisor

Letter Number: 309A00021062

# 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: SALUD INTEGRAL, INC

## **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

108 NW 9TH TERRACE # 110  
HALLANDALE, FL 33009

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SALES OF NATURAL PRODUCTS,VITAMINS AND BEAUTY PRODUCTS AND SUPPLIES

## **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):

NIVIA VERGEL - PRESIDENT  
108 NW 9TH TERRACE # 110  
HALLANDALE, FL 33009

## **ARTICLE VI REGISTERED AGENT**

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

NIVIA VERGEL  
108 NW 9TH TERRACE # 110  
HALLANDALE, FL 33009

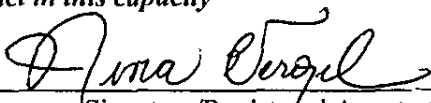
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

NIVIA VERGEL  
108 NW 9TH TERRACE # 110  
HALLANDALE, FL 33009

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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 and Incorporator

07/09/07  
Date

Signature/Incorporator

Date

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TALLAHASSEE, FLORIDA