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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

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

SUBJECT: C SALINAS CORPORA	ATION	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL C	UPY KEQUIKED
FROM: CINTHIA SALINAS	(Printed or typed)	
882 XAVIOR AVENUE A	APT A	
ORLANDO, FL 32807 City,	State & Zip	
407-209-9931  Daytime T	elephone number	
CINTHIA-SALINAS@HC E-mail address: (to be used	TMAIL.COM d for future annual report	notification)

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

6/13/11

CORPORATE DETAIL RECORD SCREEN

12:44 PM

NUMBER: W11000023812

REJECTED FILING

REJ: 04/28/2011

: C.SALINAS CORPORATION

SUBMIT BY: CINTHIA SALINAS

ADDRESS : 882 XAVIOR AVENUE APT A

ORLANDO, FL 32807

USER ID

: JAHICKMAN

1. MENU, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

JIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

Principal street address  82 XAVIOR AVENUE APT A ORLANDO, FL 32807  ARTICLE IV PUPPOSE The purpose for which the corporation is organized is: Looking to establish a solid Janitorial Services.  ARTICLE IV SHARES The number of shares of stock is: NONE  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and title: QINTHIA SALINAS-PRESIDENT:—Name and Title: TUAN PACTISTA—SEQUE Address:  82 XAVIOR AVENUE APT A ORLANDO, FL 32807  Name and Title: STALIN SALINAS-PRESIDENT:—Name and Title: TUAN PACTISTA—SEQUE Address:  82 XAVIOR AVENUE Address: ORLANDO, FL 32807  Name and Title: STALIN SALINAS-TRECURY Name and Title: ORLANDO, FL 32807  Name and Title: STALIN SALINAS-TRECURY Name and Title: Address: ORLANDO, FL 32807  Name and Title: Name and Title: Address: ORLANDO, FL 32807  Name and Title: Name and Title: Address: Address: Address: Address  ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: CINTHIA SALINAS Address: AB2 XAVIOR AVENUE APT A ORLANDO, FL 32807  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: CINTHIA SALINAS Address: 882 XAVIOR AVENUE APT A ORLANDO, FL 32807  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: CINTHIA SALINAS Address: 882 XAVIOR AVENUE APT A ORLANDO, FL 32807  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: CINTHIA SALINAS Address: 882 XAVIOR AVENUE APT A ORLANDO, FL 32807  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: CINTHIA SALINAS Address: 882 XAVIOR AVENUE APT A ORLANDO, FL 32807  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: CINTHIA SALINAS Address: AB2 XAVIOR AVENUE APT A ORLANDO, FL 32807  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: AB2 XAVIOR AVENUE APT A ORLANDO, FL 32807  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address of the Incorporator is: Name: Address: Address of the Incorporator i	RTICLE II	PRINCIPAL OFFICE				
CRLANDO, FL 32807  ARTICLE II PURPOSE The purpose for which the corporation is organized is: LOOKing to establish a solid Janitorial Services.  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title SALINAS PRESIDENT - Name and Title ORLANDO, FL 32807  Name and Title STALIN SALINAS TREASURY Name and Title ORLANDO, FL 32807  Name CINTHIA SALINAS  Address: Address: Address: ORLANDO, FL 32807  ARTICLE VI INCORPORATOR  The name and address of the Incorporator is:  Name: CINTHIA SALINAS  Address: 882 XAVIOR AVENUE APT A  ORLANDO, FL 32807  Article VI INCORPORATOR  The name and address of the Incorporator is:  Name: CINTHIA SALINAS  Address: 882 XAVIOR AVENUE APT A  ORLANDO, FL 32807  Address: 882 XAVIOR AVENUE APT A  ORLANDO, FL 32807  Address: 882 XAVIOR AVENUE APT A  ORLANDO, FL 32807  Address: Required Signature/Registered agent and agree to act in this capacity  ORLANDO, FL 32807  Address: 882 XAVIOR AVENUE APT A  ORLANDO, FL 32807  Address: Required Signature/Registered Agent  ORLANDO, FL 32807  Address: Required Signature/Registered Agent  ORLANDO, FL 32807  Address: Required Signature/Registered Agent  ORLANDO, FL 32807  ARTICLE VII INCORPORATOR  The name and affirm that the facts stated herein are true. I am awaver that the false Information submitted in a	_	82 XAVIOR AVENUE				
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he number of shares of stock is: NONE  IRTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title CINTHIA SALINAS-PRESIDENT - Name and Title SQL DIEGO STAPTA Address: Address: Address: Address: Address: ORLANDO, FL 32807  Name and Title: PABLO LANE Address: OPLANDO PL 32807  Name and Title: PABLO LANE Address: OPLANDO PL 32807  Name and Title: Name and Title: Address:				:		
Name and Title: SOLD PABLO LANE Address: Address				. :		
Name and Title: CINTHIA SALINAS-PRESIDENT: Name and Title: JUAN PAUTISTA—SECRE Address: 882 XAVIOR AVENUE Address: 5864 DIEGO ST  APT ORLANDO, FL 32807  Name and Title: STALI N SALINAS TREASURY Name and Title: Address: ORLANDO, PL 32807  Name and Title: Address: B82 XAVIOR AVENUE APT A ORLANDO, FL 32807  RTICLE VII INCORPORATOR Name: CINTHIA SALINAS Address: 882 XAVIOR AVENUE APT A ORLANDO, FL 32807  RTICLE VII INCORPORATOR Name: CINTHIA SALINAS Address: 882 XAVIOR AVENUE APT A ORLANDO, FL 32807  ROBERT OF THE ADDRESS OF the Incorporator is: Name: CINTHIA SALINAS Address: 882 XAVIOR AVENUE APT A ORLANDO, FL 32807  ROBERT OF THE ADDRESS OF THE ADOVE STATE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADOVE STATE ADDRESS OF THE ADDRESS OF THE ADDRESS O				•		
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Name and Title: Address:    Address:   Address:   Address:		882 XAVIOR AVENUE		5864 DIE	so st.	CRETA — —
Name and Title: Address:  Name and Title: Address:  RTICLE VI REGISTERED AGENT he name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: CINTHIA SALINAS Address:  882 XAVIOR AVENUE APT A ORI ANDO, FL 32807  RTICLE VII INCORPORATOR he name and address of the Incorporator is: Name: CINTHIA SALINAS Address: 882 XAVIOR AVENUE APT A ORI ANDO, FL 32807  aving been named as registered agent to accept service of process for the above stated corporation at the place designated in is certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  104/20/2011 Required Signature/Registered Agent Date  Submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a	N 170°.	•		· ·	· -	
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submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a ocument to the Department of State-constitutes a third degree felony as provided for in s.817.155, F.S.		Required Signature/Registered Agent		<u>04/2</u>		
	submit this docum ocument to the Dep	ent and affirm that the facts stated herein a partment of State constitutes a third degree fel	are true. I am aware ony as provided for it	that the false info s.817.155, F.S.	ormation submitted	l in a
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Required Signature/Incorporator Date				<u>5-4</u> ,		