

P110000055867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

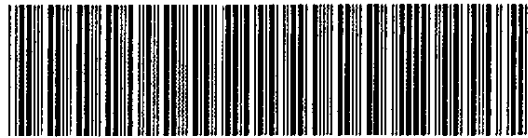
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/27/11--01022--013 **78.75

RECEIVED OF 4/27/11
11 JUN 13 PM 2:26

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APPROVAL
2011

W11000023812

COVER LETTER

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

SUBJECT: C SALINAS CORPORATION

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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
Status
ADDITIONAL COPY REQUIRED

FROM: CINTHIA SALINAS

Name (Printed or typed)

882 XAVIOR AVENUE APT A

Address

ORLANDO, FL 32807

City, State & Zip

407-209-9931

Daytime Telephone number

CINTHIA-SALINAS@HOTMAIL.COM

E-mail address: (to be used 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
NAME : 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:

RECEIVED
11 JUN 13 PM 12:47
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

ARTICLE I NAME C SALINAS CORPORATION
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
882 XAVIOR AVENUE
APT A
ORLANDO, FL 32807

Mailing address, if different is:
SAME AS PRINCIPAL STREET

ARTICLE III PURPOSE

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: CINTHIA SALINAS-PRESIDENT
Address: 882 XAVIOR AVENUE
APT A
ORLANDO, FL 32807

Name and Title: JUAN BAUTISTA-SECRETARY
Address: 5864 DIEGO ST
ORLANDO, FL 32807

Name and Title: ESTALIN SALINAS-TREASURY
Address: 801 PABLO LANE
ORLANDO, FL 32807

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

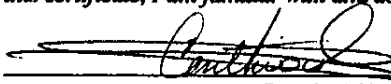
Name: CINTHIA SALINAS
Address: 882 XAVIOR AVENUE APT A
ORLANDO, FL 32807

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CINTHIA SALINAS
Address: 882 XAVIOR AVENUE APT A
ORLANDO, FL 32807

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

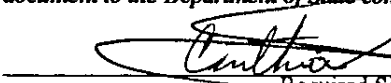


Required Signature/Registered Agent

04/20/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

04/20/2011

Date

NOTARY PUBLIC-STATE OF FLORIDA
Ivonne Montes
Commission # DD718255
Expires: SEP. 24, 2011
BONDED THRU ATLANTIC BONDING CO., INC.

