

P110000070414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

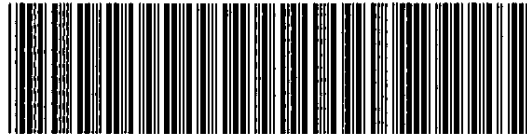
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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WH-36312

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07/07/11--01040--001 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG - 4 PM 1:25

APPROVED  
AND  
FILED

WH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2011

KEITH SALVIONE \*\*\*\*\*2ND ML\*\*\*\*\*  
8908 CITRUS VILLAGE DR  
APT. 303  
TAMPA, FL 33626

SUBJECT: SALVIONE & ASSOCIATES, INC  
Ref. Number: W11000036312

We have received your document for SALVIONE & ASSOCIATES, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 611A00016342

**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: **Salvione & Associates, Inc**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1115 Ketzal Dr.  
Trinity, FL 34655

*For Now*  
Mailing address, if different is:

8908 Gulf View Village Dr  
Apt. 303  
Tampa FL 33626

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide Physical, Mental, and Emotional Wellness to our senior population through activities that promote healthy life style choices.

**ARTICLE IV SHARES**

The number of shares of stock is:

2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Sandy Salvione CEO</u>	Name and Title: _____
Address: <u>1115 Ketzal Dr.</u>	Address: _____
<u>Trinity, FL 34655</u>	_____

Name and Title: <u>Keith Salvione COO</u>	Name and Title: _____
Address: <u>1115 Ketzal Dr.</u>	Address: _____
<u>Trinity, FL 34655</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Keith Salvione  
Address: 1115 Ketzal Dr.  
Trinity, FL 34655

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sandy ~~Keith~~ Salvione  
Address: 1115 Ketzal Dr.  
Trinity, FL 34655

Having been named as registered agent to accept service of process for the above stated corporation at the office designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Keith R. Salvione

Required Signature/Registered Agent

5/16/2011  
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.

Sandy Salvione

Required Signature/Incorporator

6-16-11  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED