Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000111039 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : 119990000017

: (305)485-9300

Fax Number

: (305)485-1098

445.7

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Enail	Address:				<u> </u>	
-------	----------	--	--	--	----------	--

FLORIDA PROFIT/NON PROFIT CORPORATION SALSANATION305, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

E Button APR 2 5 2012

3054851098

H12000111039 3

ARTICLES OF INCORPORATION

OF

SALSANATION305, CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the state of Florida.

ARTICLE I

The name of this corporation shall be:

SALSANATION305, CURP.

12 APR 24 PH 4: 05 SECRETARY OF STATE ALLAHASSEE, FLORING

ARTICLE II

This corporation shall commence existence upon the filling of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as untural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
- To have perpetual succession by it's corporate

Name:

SALSANATION305, CORP.

HAZ 000 AM 039 3

3054851098 H12000111039 3

ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (1) person, and the name and address of the person who is to serve as an initial director

JOHN J CARDENAS 2650 S. COURSE DR # 604 POMPANO BEACH FL 33069 PRESIDENT

The name and address of the incorporator executing these articles of incorporation

JOHN J CARDENAS 2650 S. COURSE DR # 604 POMPANO BEACH FL 33069

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these articles of incorporation this 24 day of APRIL 2012

H12000111039 3

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$ 10.00.

Unless otherwise stated in these articles or an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

> JOHN J CARDENAS 2650 S. COURSE DR # 604 POMPANO BEACH FL 33069

The principal office shall be:

2650 S. COURSE DR # 604 POMPANO BEACH FL 33069

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office /registered agent, in the State of Florida.

1. The name of the corporation is

SALSANATION305, CORP.

12 APR 24 PM 4: 05 SECRETARY OF STATE FALLAHASSEE, FLORIN

10.75

2. The name and address of the registered agent end office is:

JOHN J CARDENAS 2650 S. COURSE DR # 604 POMPANO BEACH FL 33069

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Dated: APRIL 24 2012