

P12000067348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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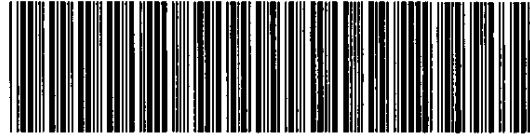
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers AUG 03 2012

COVER LETTER

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

SUBJECT: SALT THERAPY CONSULTING CO.
(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: Ashley Gallardo
Name (Printed or typed)
2118 Howard Dr.
Address
Winter Park, FL 32789
City, State & Zip
407 965-3065
Daytime Telephone number
bahamaashley@mac.com
E-mail address: (to be used for future annual report notification)

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

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: SALT THERAPY CONSULTING CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2118 HOWARD DR.
WINTER PARK, FL
32789

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting on the operation of salt therapy businesses.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ashley Gallardo
Address: 2118 HOWARD DR.
WINTER PARK, FL
32789

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Ashley Gallardo
Address: 2118 HOWARD DR.
WINTER PARK, FL
32789

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ashley Gallardo
Address: 1831 Taylor Ave.
Winter Park, FL
32789

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

Ashley Gallardo
Required Signature/Registered Agent

7/31/12
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.

Ashley Gallardo
Required Signature/Incorporator

7/31/12
Date

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TALLAHASSEE, FLORIDA