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COVER LETTER

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

• • •

SUBJECT: Salt & Light Builders, Inc. (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	of		
FROM: Steven M Reed Name (Printed or typed)	SEC TALI	12 (
24310 Whip O Will Lane Address Bonita Springs, FL. City, State & Zip	CRETARY OF STATE AHASSEE FLORIDA	2 OCT 15 AH 10: 15	
Daytime Telephone number Smr@embargmail.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 The name of the co	NAME Salt & Light Builders, Incorporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mai	iling address, if different is:
	24310 Whip O Will Lane		-
j	BOnita Springs, FL, 34135		
ARTICLE III			
	which the corporation is organized is: awful business		
Ally allo all i	awiui busiiless		
	res of stock is:100		
	INITIAL OFFICERS AND/OR DIRECTORS		
Name and 1 Address:			
Address:	24310 Whip O WIII Lane Bonita Springs, FL 34135	Address:	
	Bonia Springs, FL 34135		
			
Name and T	itle:	Name and Title:	
Address:		Address:	Δ.
	itle:		
Address:		Address:	
		_	
ARTICLE VI	REGISTERED AGENT		ZS: 12
	orida street address (P.O. Box NOT acceptable) of the	he registered agent is	: <u> </u>
Name:	Steven M Reed		第二章 · 日
Address:	24310 Whip O Will LAne		22 - T
	Bonita Springs, FL 34135		新 S 言
	, ,		- 유 ≥ [4]
ARTICLE VII	INCORPORATOR		S. S.
	dress of the Incorporator is:		是 <u>某</u>
Name:	Steven M Reed		¥m
Address:	24310 Whip O WillLlane		
	Bonita Springs, FL. 34135		
Havino heen nam	ed as registered agent to accept service of process j	for the above stated	corporation at the place designated in
	m familiag with and accept the appointment as regis		
,,			<i>f</i> .
			19/9/12
 	Populard Cignature (Pagistared Agent		- 19/1/2
	Required Signature/Registered Agent		Date
I submit this doc	iment and affirm that the facts stated herein are t	rue. I am aware the	at the false information submitted in a
	epartment of State constitutes a third degree felony		
		g :	<u> </u>
	X-T= MI IV		16/9/12
	Required Signature/Incorporator		Date