

P13000058366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

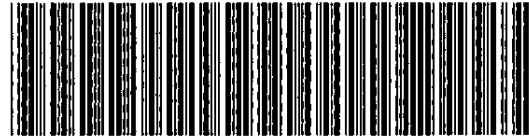
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400249485294

FILED
13 JUL -8 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/08/13--01021--017 **78.75

MD 7/11

COVER LETTER

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

SUBJECT: **SALVAGE TAX AND FINANCE 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **SAMSON DORSSAINT**

Name (Printed or typed)

8650 SUNSET STRIP

Address

SUNRISE, FL 33322

City, State & Zip

954-643-5658

Daytime Telephone number

samson.dorssaint@salvagecleaning.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: SALVAGE TAX AND FINANCE INC.,

ARTICLE II PRINCIPAL OFFICE
Principal street address
8650 SUNSET STRIP
SUNRISE, FL 33322

Mailing address, if different from principal office address:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO START A NEW BUSINESS WHICH OFFERS
INDIVIDUAL / PERSONAL TAX SERVICES TO ITS CUSTOMERS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>SAMSON DORSSAINT, PRESIDENT</u>	Name and Title:	_____
Address	<u>8650 SUNSET STRIP</u> <u>SUNRISE, FL 33322</u>	Address:	_____

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

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

FILED
13 JUL -8 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

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: SAMSON DORSSAINT
Address: 8650 SUNSET STRIP
SUNRISE, FL 33322

FILED
13 JUL -8 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SAMSON DORSSAINT
Address: 8650 SUNSET STRIP
SUNRISE, FL 33322

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

Samson Dorssaint
Required Signature/Registered Agent

07/07/13
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.

Samson Dorssaint
Required Signature/Incorporator

07/07/13
Date