P13000058366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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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 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: 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.,

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ARTICLE II PRINCIPAL OFFICE

Principal street address

8650 SUNSET STRIP
SUNRISE, FL 33322

Mailing address, if different is:

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

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(conti.)

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

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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 [redacted] 07/02/13

Required Signature/Registered Agent 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 07/02/13

Required Signature/Incorporator Date