

P140000 11627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

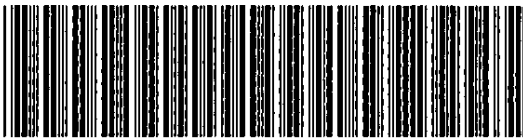
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____ ✓

Special Instructions to Filing Officer:

Office Use Only



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01/30/14--01015--023 **78.75

77-1041
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 30 PM 2:16

52
2-5-14

COVER LETTER

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

SUBJECT: SALZBURG DESIGNS, 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: OTMAN KASSACHEA
Name (Printed or typed)

4411 SYLVAN RAMBLE ST
Address

TAMPA FL 33609
City, State & Zip

(406) 539-7849
Daytime Telephone number

OTLASS @ YAHOO.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 30 PM 2:16

ARTICLE I NAME

The name of the corporation shall be: SALZBURG DESIGNS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4611 SYLVAN RAMBLE STREET
TAMPA, FL 33609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: UPHOLSTERY SEWING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OTMAR KASSACKER, PRES Name and Title: _____

Address 4611 SYLVAN RAMBLE ST Address: _____
TAMPA, FL 33609 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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:

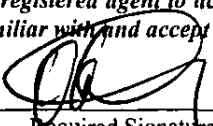
Name: OTMAN LASSACHEN
 Address: 4611 SYLVAN RAMBLE ST.
TAMPA, FL 33601

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: OTMAN LASSACHEN
 Address: 4611 SYLVAN RAMBLE ST.
TAMPA, FL 33601

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

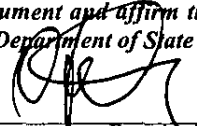


Required Signature/Registered Agent

01/24/2014

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.



Required Signature/Incorporator

01/24/2014

Date