

PIA 0000035386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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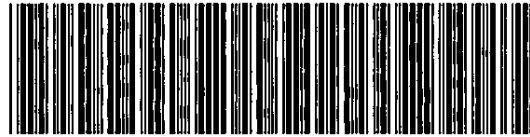
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/20/14--01018--007 **87.50

FILED
14 APR 18 AM 9:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-18273

COVER LETTER

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

SUBJECT: SAL's Carpet and Flooring, 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: SAL LEVANTI
Name (Printed or typed)
1190 S.W. 10th Street
Address
Boca Raton, FL 33486
City, State & Zip
(561) 542-5984
Daytime Telephone number
Clarke19873@aol.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 APR 18 AM 11:50

SEVEN MILE STATE
TALLAHASSEE, FLORIDA

March 21, 2014

SAL LEVANTI
1190 SW 16TH ST
BOCA RATON, FL 33486

SUBJECT: SAL'S CARPET AND FLOORING, INC
Ref. Number: W14000018273

We have received your document for SAL'S CARPET AND FLOORING, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 214A00006184

ARTICLES OF INCORPORATION

In compliance with Chapter 507 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: SAL'S CARPET and Flooring Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1190 SW 16th Street
Boca Raton, FL 33486

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES OF CARPET AND FLOORING

ARTICLE IV SHARES

The number of shares of stock is:

~~1000~~ 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SAL LEVANTI Name and Title:Address: 1190 SW 16th St Address:Boca Raton, FL
33486

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

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

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Salvatore Levanti
Address: 1190 S.W. 16 St
Boca Raton FL 33486

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: SAL LEVANTI
Address: 1190 SW 16th Street
Boca Raton, FL 33486

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

Salvatore Levanti
Required Signature/Registered Agent

03/17/14
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.

Salvatore Levanti
Required Signature/Incorporator

03/17/14
Date

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TALLAHASSEE FLORIDA