

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000104002 3)))



H140001040023ABCM

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CLARA GIRALDO, P.A.  
Account Number : 119990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

14 APR 30 AM 10:22

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
SALVI PRODUCTS, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

RECEIVED  
14 APR 30 PM 4:26  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H14000 1040023

ARTICLES OF INCORPORATION  
OF

**SALVI PRODUCTS, CORP.**

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

**SALVI PRODUCTS, CORP.**

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:  
To have perpetual succession by its corporate

name:

**SALVI PRODUCTS, CORP.**

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
14 APR 30 AM 10:22

*H14 000 104 0023*

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**VICTOR M. PINEDA BUITRAGO  
16448 SW 304 ST APT # 104  
HOMESTEAD, FL. 33033**

The principal office shall be:

**16448 SW 304 ST APT # 104  
HOMESTEAD, FL. 33033**

H/14 0001040023.

ARTICLE VI

The initial Board of Directors shall consist of a total of **ONE(01)** persons, and the name and address of the person who is to serve as initial directors are :

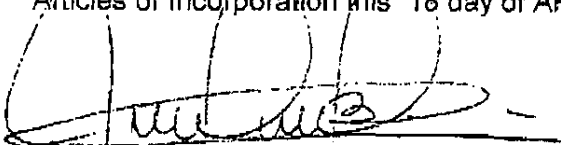
**VICTOR M. PINEDA BUITRAGO**  
**16448 SW 304 ST APT # 104**  
**HOMESTEAD, FL. 33033**

**PRESIDENT**

The name and address of the Incorporator executing these Articles of Incorporation is

**VICTOR M. PINEDA BUITRAGO**  
**16448 SW 304 ST APT # 104**  
**HOMESTEAD, FL. 33033**

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 18 day of APRIL, 2014.



**VICTOR M. PINEDA BUITRAGO**

H14 000 104 0023

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

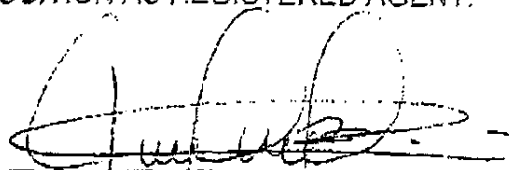
**SALVI PRODUCTS, CORP.**

2. The Name and Address of the registered agent and office is:

**VICTOR M. PINEDA BUITRAGO  
16448 SW 304 ST APT # 104  
HOMESTEAD, FL. 33033**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



Dated: APRIL 18, 2014.