PH00063483

| (Requestor's Name) | | | | | |
|---|----------------------------|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Address) | | | | | |
| | (City/State/Zip/Phone #) | | | | |
| | (Olly States Ziph Holle #) | | | | |
| PICK-U | P WAIT MAIL | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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| Certified Copies Certificates of Status | | | | | |

Office Use Only



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07/10/14--01014--016 **78.75



W14-42770 UND 7/59

COVER LETTER

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

| SUBJECT: | phalom Cons | ulting Service | 3 | | |
|--|--|---------------------------------------|-------------------------|--|--|
| | (PROPOSED CORPOR | ATE NAM E <u>MUST INCL</u> | UDE SUFFIX) | | |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | l a check for: | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy : | & Certificate of Status | | |
| FROM: | Yodira Cojir | | | | |
| * | 1710 SW 3 Miami, Fl , 3: | | | | |
| | (786) 343 - 9 Daytime | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |

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



July 11, 2014

YADIRA CAJINA 1710 S.W. 31ST AVE. MIAMI, FL 33145

SUBJECT: SHALOM CONSULTING SERVICES

Ref. Number: W14000042770

We have received your document for SHALOM CONSULTING SERVICES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 614A00014969

DOV COOK Mallaharras Elastida 2021 4

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the corporation shall be | : Shalom Le | prosulting | Services INC. |
|--|---------------------------------------|-----------------|--|
| ARTICLE II PRINCIPAL O | | 3 | ACC. |
| | treet address | ľ | Mailing address, if different is: |
| 1710 SW 315+ | Ave | | 25 N |
| Miam; Fl 3 | 3145 | | ma p m |
| | | | Fig. F. O |
| | <u> </u> | <u></u> | |
| ARTICLE III PURPOSE The nurpose for which the corporate | tion is organized is: Pas | vide a ca | ange but hot |
| wasted or b | 300Keening | 9 00000 | ntiny services. |
| TIME! | J. J. | 70000 | The services |
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| 45-5-5-4 | | | |
| ARTICLE IV SHARES The number of shares of stock is: | 100 | | |
| | | | |
| ARTICLE V INITIAL OFF | ICERS AND/OR DIRECTO | ORS | |
| Name and Title: By ror | · Coyina secretary | Name and Title: | |
| | SUL BIEN OVE | | |
| | | Address: | |
| mian | n; Fl 33145 | | |
| | | | |
| | | | |
| Name and Title: | | Name and Title: | · · · · · · · · · · · · · · · · · · · |
| Address | | Address: | |
| | | 110010031 | |
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| | | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| Addiess | | / MU1000. | |
| | | | The state of the s |
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| Name and Ti | tle: | Name and Title: | · · · · · · · · · · · · · · · · · · · |
|---|---|---|---------------------------------------|
| Address | | | 14 JUL 2 |
| | EGISTERED AGENT la street address (P.O. Box NOT acceptable) of Byron Caylaa 1710 Sul 31st Ave | • • | 8 PH 4: 05 |
| Address: | 1710 sul 31st Ave Miam, Fl. 33145 | | |
| ARTICLE VII I | NCORPORATOR | | |
| The name and addre | ss of the Incorporator is: | | |
| Name: | Yadıra Cajına | | |
| Address: | Yadira Cajina 1710 SW 31st Avre | | |
| | miami +1 33145 | | |
| | as registered agent to accept service of process familiar with and accept the appointment as reg | istered agent and agree to act in t | his capacity |
| | Required Signature/Registered Agent | | 7-20-14 Date |
| | 1 | | |
| I submit this docume document to the Dep | ent and affirm that the facts stated herein are artment of State constitutes a third degree felon | true. I am aware that the false in y as provided for in s.817.155, F.S | formation submitted in a S. |
| | Required Signature/Incorporator | | 7-8-14 |
| | Assignment Signature/Incorporator | | Date |