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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **PC SALTS, 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: **DR. CAROL ALTA V. PIERRE**

Name (Printed or typed)

1241 NE 175 ST

Address

NORTH MIAMI BEACH, FL 33162

City, State & Zip

305-319-1066

Daytime Telephone number

drcavp1@gmail.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: **PC SALTS, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1241 NE 175 ST

NORTH MIAMI BEACH, FLORIDA 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **to sell various Salt commodity types domestically and internationally to industries, companies, cities, counties, states, countries and any other types of businesses that will utilize Salt for their business purpose.**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **DR. CAROL V. PIERRE, PRESIDENT AND CEO**

Address: **1241 NE 175 ST**
NORTH MIAMI BEACH, FLORIDA 33162

Name and Title: **MICHEL C. PIERRE, CHIEF OPERATING OFFICER**

Address: **924 KOALA COURT**
LAWRENCEVILLE, GA 30043

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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: DR. CAROL V. PIERRE
Address: 1241 NE 175 ST
NORTH MIAMI BEACH, FL 33162

ARTICLE VII INCORPORATOR

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

Name: DR. CAROL V. PIERRE
Address: 1241 NE 175 ST
NORTH MIAMI BEACH, FL 33162

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

MARCH 11, 2015

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

MARCH 11, 2015

Date

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TALLAHASSEE FLORIDA