

P/15000049/25

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.

(((H15000132703 3)))



H150001327033ABCW

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 : LAW OFFICE OF LARRY WANG, LLC
Account Number : I20130000086
Phone : (904)217-4514
Fax Number : (866)230-6060

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

Email Address: anya.miller715@yahoo.com

RECEIVED
15 JUN -4 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Salty Restorations, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN -4 AM 11:35

Handwritten signature and date: 06/05/15

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: SALTY RESTORATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1189 HIDEAWAY DRIVE NORTH
ST JOHNS, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RETAIL SALES AND RESTORATION
SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANYA BRITT MILLER - PRESIDENT Name and Title:

Address: 1189 HIDEAWAY DRIVE NORTH Address:
ST JOHNS, FL 32259

Name and Title: JODIE - TADD HAROLD XAVIER LOOSEMORE - TREASURER Name and Title:

Address: 1189 HIDEAWAY DRIVE NORTH Address:
ST JOHNS, FL 32259

Name and Title: _____ Name and Title:

Address: _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 JUN -4 AM 11:35

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: ANYA BRITT MILLER

Address: 1189 HIDEAWAY DRIVE NORTH
ST JOHN, FL 32259

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 15 JUN -4 AM 11:35

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANYA BRITT MILLER

Address: 1189 HIDEAWAY DRIVE NORTH
ST JOHN, FL 32259

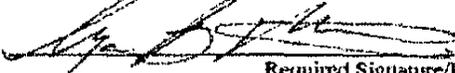
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

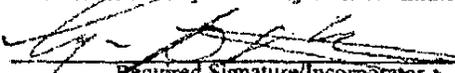
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/3/15
 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

6/3/15
 Date