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STATE OF ARIZONA
CLERK OF SUPERIOR COURT
PHOENIX, ARIZONA

W16-075684

11/23/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2016

SHARON GALEANO
273 CROCKETT BLVD.
MERRITT ISLAND, FL 32953

SUBJECT: MS HOLDINGS, INC.
Ref. Number: W16000075684

We have received your document for MS HOLDINGS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L00000004414.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 416A00023949

COVER LETTER

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

Correcting Rejected
Filing
Doc# W16000075684

new →

SUBJECT: SALUTE HOLDINGS, 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: SHARON GALEANO

Name (Printed or typed)

273 CROCKETT BLVD

Address

MERRITT ISLAND, FL 32953

City, State & Zip

321-305-6969

Daytime Telephone number

SHARON@FLORIDACRUISEPORTS.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: SALUTE HOLDINGS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

273 CROCKETT BLVD

MERRITT ISLAND, FL 32953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THIS CORPORATION IS ORGANIZED FOR THE PURPOSE
OF TRANSACTING ANY OR ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MATTHEW PHILLIPS, PRESIDENT

Name and Title: _____

Address 273 CROCKETT BLVD

Address: _____

MERRITT ISLAND, FL 32953

Name and Title: SHARON GALEANO, CEO

Name and Title: _____

Address 273 CROCKETT BLVD

Address: _____

MERRITT ISLAND, FL 32953

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: SHARON GALEANO
Address: 273 CROCKETT BLVD
MERRITT ISLAND, FL 32953

ARTICLE VII INCORPORATOR

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

Name: SHARON GALEANO
Address: 273 CROCKETT BLVD
MERRITT ISLAND, FL 32953

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SECRETARY OF STATE
DIVISION OF REVENUE
2016 NOV 22 PM 2:15

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 days prior or 90 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
11/17/2016
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
11/17/2016
Date