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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(0.1), 0.110.2 []				
PICK-UP WAIT MAIL				
(Duninger Fakh, Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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17 APR IU PHE: 21
SECRETIONY OF STATE
TALLAHASSEE FLORIDA

11/10/10

COVER LETTER

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

SUBJECT:	Salty Sua	gar Inc			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:	Celeste Name	(Prinjed or typed)			
	584 6th	Avenue l	10rth		
Jacksonnille Beach, FL 32250 City, State & Zip					
	904 - 38 Daytime To	2 - 2806 elephone number			
<u>. c</u>	eleste @ Sal	ty sugar a	ivl.com		

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

We currently own a LLC for Saity Sugar. We need to convert that to a Tric. We have no plans to ever use the LLC again Diease kelease the name. back to us.

ARTICLES OF INCORPORATION

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

ARTICLE I NAM The name of the corpo	ration shall be: Salty Sc	19 av	Inc		
ARTICLE II PRIN			uiling address, if di	fferent is:	
<u>Jacks</u> <u>F</u>	32250				
ARTICLE III PURI The purpose for which	the corporation is organized is: <u>Selli</u> Jewelry & acce	ng a	ctive e	bec	<u>Ch</u>
				1 2 3	
				10 PR 10	
ARTICLE IV SHAR The number of shares of		10	† •	PH IN: 21 OF STATE OF STATE	
	le: <u>Celeste Ayers CED</u> Na	me and Title: '			
Address	584 loth Avenue northe				
	Jack somittle Beach,	_			
Name and Titl	e: Allison White CFO Na	me and Title:			
Address	603 Penman Rd Ad	dress:			
	Jacksonville Beach,				
Name and Titl	:: Corne McCoy 000 Na	—— me and Title:			
Address	405 Royal Palms Du				
	Atlantic Beach,	_			
	<u>FL 31233</u>				

Name and Title:		Name and Title:	
Address		Address:	
		· · · · · · · · · · · · · · · · · · ·	
	\		
ARTICLE VI REGISTERED AGE The name and Florida street address		the registered agent is:	
Name: Celesto	e Auers		
	h Avenue Nou	th	
Tackson	willo Beach &	7. 32150	
<u>., y o(c.e. 30)</u>	AMILO INCLUENT, V		SECONOMICS AND A
ARTICLE VII INCORPORATOR			APR 1
The <u>name and address</u> of the Incorpo	rator is:		O I
Name: <u>Celes</u>	te Ayers		OF ST
	oth Avenue n	orth	: 21 SATE ORIO
	(somile Beac		•
		(1, (2, 3, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	
ARTICLE VIII EFFECTIVE DAT	E: 4 - 1a	<u> (OPTIONAL)</u>	
Effective date, if other than the date of (If an effective date is listed, the date)			90 days after the
filing.)			
Note: If the date inserted in this block the document's effective date on the I		statutory filing requirements, this d	ate will not be listed as
	•		
Having been named as registered age this certificate, I am familiar with and			
Required S	ignature/Registered Agent		$\frac{4-(2-20)}{2}$
I submit this document and affirm th	at the facts stated herein are t	rue. I am aware that the false inf	formation submitted in a
document to the Department of State	constitutes a third degree felony	as provided for in s.817.155, F.S.	• 1
Required Signature/Incorp	orator		4-6-2017
Required Signature/Incorp	UIALUI		Date