

P17000049162

(Requestor's Name)

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WAIT

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MAIL

(Business Entity Name)

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JUN 06 2017



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06/05/17--01033--006 **78.75

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17 JUN -5 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Sals UpKeep Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input checked="" type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: Salvador Miranda

Name (Printed or typed)

950 South Kanner Hwy #C-6

Address

Stuart, FL 34994

City, State & Zip

772-240-0616

Daytime Telephone number

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: Sals UpKeep Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

950 South Kanner Hwy #C-6

Stuart, FL 34994

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Maintenance, Appliances Repair, Handyman Work.

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Salvador Miranda, President

Address 950 South Kanner Hwy #C-6

Stuart, FL 34994

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Salvador Miranda
Address: 950 South Kanner Hwy #C-6
Stuart, FL 34994

ARTICLE VII INCORPORATOR

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

Name: Salvador Miranda
Address: 950 South Kanner Hwy #C-6
Stuart, FL 34994


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/01/2017 (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

05/31/2017

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

05/31/2017

Date

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TALLAHASSEE, FLORIDA