

P19000030583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

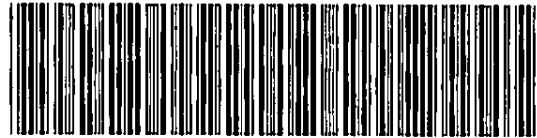
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800327052308

04/05/13--01014--020 **76.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR -3 PM 1:10

COVER LETTER

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

SUBJECT: KSALOMON, 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: KATLEEN SALOMON

Name (Printed or typed)

7276 VIALE SONATA

Address

LAKE WORTH, FL 33467

City, State & Zip

561-503-9095

Daytime Telephone number

SalomonKatleen@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: KSALOMON, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7276 VIALE SONATA

LAKE WORTH, FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE IN-HOME HEALTH CARE AND PATIENT ASSISTANCE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR - 3 PM 1:10

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KATLEEN SALOMON, PRESIDENT

Name and Title: _____

Address 7276 VIALE SONATA

Address: _____

LAKE WORTH, FL 33467

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: FAUSTA G LIPSCOMB
Address: 2480 S CONGRESS AVENUE, SUITE B
PALM SPRINGS, FL 33460

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR - 3 PM 1:10

ARTICLE VII INCORPORATOR

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

Name: KSALOMON, INC.
Address: 7276 VIALE SONATA
LAKE WORTH, FL 33467

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JANUARY 1, 2019. (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.

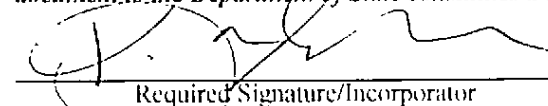
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3/29/2019
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

3/29/2019
Date