

8/18/23, 1:13 PM

**P2300061354**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : MJD ACCOUNTING SERVICES CORP  
Account Number : 128220000156  
Phone : (954)471-5645  
Fax Number : (305)356-3688

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

Email Address: \_\_\_\_\_

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CORPORATIONS  
DIVISION  
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION  
SALIM SOLUTIONS CORP

Certificate of Status	1
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TALLAHASSEE, FL

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**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 SALIM SOLUTIONS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
16235 EMERALD COVE ROAD  
WESTON FL 33331

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SALIM LIBOS

Name and Title: PRESIDENT

Address: 16235 EMERALD COVE RD  
WESTON FL 33331

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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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:	SALIM LIBOS
Address:	16235 EMERALD COVE ROAD
	WESTON FL 33331

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:	SALIM LIBOS
Address:	16235 EMERALD COVE ROAD
	WESTON FL 33331

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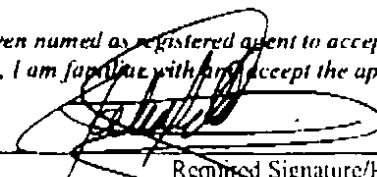
**ARTICLE VIII EFFECTIVE DATE:**

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	08/18/2023 _____ Date
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*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.*

SALIM LIBOS  _____ Required Signature/Incorporator	08/18/2023 _____ Date
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