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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
SALTY KISSES SWIMWEAR INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Salty Kisses Swimwear Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

20904 Grouper DriveCutler Bay, FL 33189**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To sell swimwear online**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Sarah Ivette Gonzalez-President Name and Title: _____Address 20904 Grouper Drive Address: _____Cutler Bay, FL 33189

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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 TALLAHASSEE, FLORIDA

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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: Sarah Ivette Gonzalez
 Address: 20904 Grouper Drive
Cutler Bay, FL 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sarah Ivette Gonzalez
 Address: 20904 Grouper Drive
Cutler Bay, FL 33189

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

 Date 01-31-2024

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

 Date 01-31-2024

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