P24000035331

(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



200426296082

04/01/24--01001--003 **70.00

024 HAR 29 PM 2: 5 Secretives of the

2027



April 1, 2024

CORP ACCESS

SUBJECT: SALT AIR INC. Ref. Number: W24000051611



We have received your document for SALT AIR INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L23000302713.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 724A00006895

Abondoned films Please use with this films

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY		·
XX	РНОТОСОРУ		
	GS		
XX	FILING	INC	
	118 MELROSE STR		
-((CORPORATE NAME AND D	OCUMENT #)	
((ORPORATE NAME AND D	OCUMENT #)	
-((ORPORATE NAME AND D	OCUMENT #)	
	ORPORATE NAME AND D	(A'TIMEN''C #)	
10	ovem vema i i ivemii, mini) (A		
	ORPORATE NAME AND D		

COVER LETTER

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

SUBJECT: 1	118 Melrose Street Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the an	ticles of incorporation and	i 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		
		ADDITIONAL CO	Status		
_					
FROM: R	olando J. Santiago, Esq.	e (Printed or typed)			
	rvann	e (Francea or typea)			
30	06 N US Highway 41				
	····	Address			
R	uskin, FL 33570				
	City, State & Zip				
	313) 641-0010				
	Daytime T	elephone number			
F	Rolando@rjslawgroup.com				
	E-mail address: (to be used	d for future annual report n	otification)		

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)

Purpose for which the corporation is organized is:	TICLE I NAMI name of the corpora	2 ation shall be: <u>1118 Melrose Stre</u>	et Inc.	
Name and Title:	Apollo Beach	Principal <u>street</u> address Blvd.		Mailing address, if different is:
Name and Title:			y and all lawful	business.
Name and Title:				
Address 709 Apollo Beach Blvd. Address: 709 Apollo Beach Blvd. Apollo Beach, FL 33572 Name and Title: Name and Title: Address: Name and Title: Name and Titl				
Address 709 Apollo Beach Blvd. Address: 709 Apollo Beach Blvd. Apollo Beach, FL 33572 Name and Title: Name and Title: Address: Address: Name and Title: Name	number of shares of	stock is: 1,000		
Apollo Beach, FL 33572 Name and Title: Address Name and Title: Address: Name and Title: Name and Title: Name and Title:	Name and Title	: Jeffrey Conover, D	Name and Tit	le: Melissa Myers, D
Name and Title: Address Address: Name and Title: Name and Title: Name and Title:	Address	709 Apollo Beach Blvd.	Address:	709 Apollo Beach Blvd.
Address: Address: Name and Title: Name and Title:		Apollo Beach, FL 33572		Apollo Beach, FL 33572
Name and Title:Name and Title:	Name and Title		Name and Tit	le:
	Address			
Address Address:	Name and Title:		Name and Tit	le:
	Address		Address:	

Name an	nd Title: Na	me and Title:
Address	Ad	dress:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the r	egistered agent is:
Name:	Rolando J. Santiago, Esq.	
Address:	306 N US Highway 41	
	Ruskin, FL 33570	
ARTICLE VII	INCORPORATOR	
The name and ac	ddress of the Incorporator is:	
Name:	Rolando J. Santiago, Esq.	
Address:	306 N US Highway 41	
	Ruskin, FL 33570	
Effective date, if	EFFECTIVE DATE: Tother than the date of filing: date is listed, the date must be specific and cannot be a	
	e inserted in this block does not meet the applicable statue effective date on the Department of State's records.	tory filing requirements, this date will not be listed as
Having been nam certificate, I am fo	med as registered agent to accept service of process for the familiar with and accept the appointment as registered ag	above stated corporation at the place designated in this ent and agree to act in this capacity
	Required Signature/Regist fred Agent	
I submit this doci document to the L	cument and affirm that the facts stated herein are true. Department of State constitutes a third degree felony as p	I am aware that the false information submitted in a rovided for in s.817.155, F.S.
Required Signatur	ire/Incorporator	Date 5/27/20