Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000363231 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser: from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION SALMA CONSTRUCTION, INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In coinpliance with Chapter 607 (Profit)

NAME: The name of the corneration is

| ARTICLE III SHARES: The number of shares of stock is: 100 ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: SALMA MARIA JARQUIN (P) | ALAÍA CONCEDEICTION | | | 1. | S: |
|--|---|--------------------------|-----------------|--|--------------------------|
| The principal street address and mailing address is: 11116 NORTH WEST 6TH LANE, MIAMI, FL 33172 ARTICLE III SHARES: The number of shares of stock is: 100 ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: SALMA MARIA JARQUIN (P) | SALMA GOINS I ROC HON: | , INC | 9444 . | | |
| ARTICLE III SHARES: The number of shares of stock is: 100 ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: SALMA MARIA JARQUIN (P) | A.F | RTICLE II PRI | NCIPAL OF | ICE: | - |
| ARTICLE III SHARES: The number of shares of stock is: 100 ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: SALMA MARIA JARQUIN (P) | The pri | ncipal street addres | ss and mailing | address is: | |
| ARTICLE III SHARES: The number of shares of stock is: 100 ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: SALMA MARIA JARQUIN (P) | , 11116 NORTH WEST 6 | TH LANE, MIAM | I, FL 33172 | | |
| ARTICLE III SHARES: The number of shares of stock is: 100 ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: SALMA MARIA JARQUIN (P) | 20 S | | | 3.3 | . ; |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: SALMA MARIA JARQUIN (P) | . 1 | | - | . C | ., |
| SALMA MARIA JARQUIN (P) | ARTICLE III SHAR | CES: The number o | f shares of sto | ck is: <u>100</u> | |
| SALMA MARIA JARQUIN (P) | | | | | |
| 7. | | | ECTORS AN | D/OR OFF | ICERS: |
| 11116 NORTH WEST 6THILANE , MIAMI, FL 33172 | SALM <u>A MARIA JARQUIN</u> | <u>(P)</u> | व्यक्त | | |
| ` ' | 11116 NORTH WEST 6TH | LANE, MIAMI, F | L 33172 | · ************************************ | |
| | | | | | |
| | | | , | | * 1 |
| 58.1. | SF.1- | · . | | - <u>-</u> - | |
| | ii | | | <u>{</u> }. ₹ }: | - : |
| | | | | | - |
| | ARTICLE V INIT | • | | | 1 |
| SALMA MARIA JARQUIN | The name and Florida str | reet address (PO Bo | | | 1 |
| SALMA MARIA JARQUIN | The name and Florida str | reet address (PO Bo | ox not accepta | | 1 |
| · · · · · · · · · · · · · · · · · · · | The name and Florida str | reet address (PO Bo | ox not accepta | | 1 |
| SALMA MARIA JARQUIN: 11116 NORTH WEST 6TH LANE, MIAMI, FL 33172 1100 | The name and Florida str | reet address (PO Bo | ox not accepta | | gistered LANASSEE, FLO |
| SALMA MARIA JARQUIN | The name and Florida str SALMA MARIA JARQUIN: 11116 NORTH WEST 6TH | reet address (PO Bo | ox not accepta | ble) of the re | gistered LANASSEE, FLORI |
| SALMA MARIA JARQUIN 11116 NORTH WEST 6TH LANE, MIAMI, FL 33172 SSECTION OF THE STATE OF THE ST | The name and Florida str SALMA MARIA JARQUIN: 11116 NORTH WEST 6TH ARTICLE VI INCO | reet address (PO Bo | ox not accepta | ble) of the re | gistered LANASSEE, FLORI |

). •

परिकार र चार्चा

in the second se

Required Signatures:

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent 10/29/2024
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.

10/29/2024
Date

10/29/2024

Date

TALL/AHASSEE, FLORIDA

Si

id 0/2015