## Florida Department of State Division of Coperations Electronic Filing sover short

Ht. 13.25

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727 Fax Number : (786)947-0844

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Email Address:
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## FLORIDA PROFIT/NON PROFIT CORPORATION SALGUERO CONSTRUCTION CORP

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## **COVER LETTER**

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

SALCUEDO COMOTA LA					
SUBJECT: SALGUERO CONSTRUCTION CORP  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
<b>≥</b> \$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 CO	PY REQUIRED		
FROM: LUCIA ESTRELLA  Name (Printed or typed)  8300 W FLAGLER ST SUITE 114					
	Ad	dress			
MIAMI, FLORIDA 33144					
City. State & Zip (305) 226-8727					
Daytime Telephone number					
licenses114@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)

	RINCIPAL OFFICE Principal <u>street</u> address REET APT #1		Mailing address, if different is:
FL 33125	REET APT #1		
C. F. W. D.			
CLE III PU urpose for wh	ich the corporation is organized is: ANY LA	WFUL ACTIVIT	TY
<del></del>			
<del></del>			
CLEIV SH.	4850		
CLE IV SH.			
mber of shares	ARES s of stock is: 100  TIAL OFFICERS AND/OR DIRECTORS		
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Name a	nd Title:	Name and Title:
Addres		
		<del></del>
ARTICLE VI The name and F	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	the registered mont in
Name:	ALIS H. HUMBERTO	
Address:	1360 NW 3RD STREET APT #1	FEB
	MIAMI, FL 33125	B 12 PH 5: 22
ABTICLEUM	INCORDON . TO T	PH
	INCORPORATOR	2. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
	ddress of the Incorporator is:	
Name:	ALIS H. HUMBERTO	•
Address:	1360 NW 3RD STREET APT #1	
	MIAMI, FL 33125	
Effective date, if	EFFECTIVE DATE: other than the date of filing: 01/27/2025 ate is listed, the date must be specific and cannot	D (OPTIONAL) be more than five days prior or 90 days after the
Note: If the date the document's e	inserted in this block does not meet the applicable sective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been nam certificate, I am fi	ned as registered agent to accept service of process for amiliar with and accept the appointment as registere	
	Required Signature/Registered Agent	$\frac{O(127/25)}{Oate}$
I submit this document to the E	iment and affirm that the facts stated herein are to epartment of State constitutes a third degree felony	nue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.  Date