## N25000004285

| (Requestor's Name)                      |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account <u>| |20210000160: \$70.00</u> Authorization Signature Silver Stream Foundation Inc. **Business Name** #Document Will wait Walk in Certified Copies of Articles of: Certificate of Status Certificate of Status **AMENDMENTS NEW FILINGS** \_\_\_ Amendment Profit Not for Profit \_\_\_Resignation of R.A. \_\_ LLC \_\_\_\_ Change of Registered Agent Revocation of Dissolution Domestication Conversion X INC Statement of Authority **CORP** Merger **PLLC** DISSOLUTION **REGISTRATION/QUALIFICATIONS OTHER FILINGS** \_ Foreign Filing TRANSMITTAL LETTER Partnership Reinstatement Fictitious Name -Statement of CORRECTION Statement of Authority Domestication APOSTIL Other **COUNTRY** 

EXAMINER'S INITIALS:\_\_\_\_\_

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

| ARTICLE II  | PRINCIPAL OFFICE  |  |  |              |      |
|---|---|--|--|--------------|------|
|   | Principal street address:   | Mailing addn   | ecc if different ic:                                       |              |      |
| 5021  | 0 BERMONT RD  | _  | Mailing address, if different is: 21660 COPLEY DR UNIT 175 |              |      |
| PUN   | TTA GORDA, FL 33982   | DIAMOND BAR, CA 91   | 765  |              | _    |
| ARTICLE III   | <del> </del>  | <del></del>  |  |              | _    |
|   | or which the corporation is organized is:<br>novation, growth, sustainability, and compet         | itisanaan aasaa aasa |  | <del></del>  |      |
|   | <del></del>   |  |  | 3            |      |
| by delivering   | opportunities, tailored solutions, and ongoing  | g support.   |  | 2025         |      |
|   |   |  |  | 20           | ï    |
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|   | ·····   |  |  | <u> </u>     | ij   |
|   |   |  | · · · · · · · · · · · · · · · · · · ·                      | -            | -    |
|   |   |  | 114  |              | ===  |
|   |   |  | -n=  | <del>)</del> | ==== |
| ARTICLE IV  | MANNER OF ELECTION The manner   | in which the directors are elected and   | -n=  | <del>)</del> |      |
| ARTICLE IV  ARTICLE V  Name and Title                       | INITIAL OFFICERS AND/OR DIRECTO   |  | appointed:   | <del>)</del> |      |
| ARTICLE V   | INITIAL OFFICERS AND/OR DIRECTO  E:  Zhang, Jia (Title: μ  50210 BERMONT RD                       | <u>ORS</u>   | appointed:   | <del>)</del> |      |
| ARTICLE V  Name and Title                                   | INITIAL OFFICERS AND/OR DIRECTO   | ORS  Name and Title:   | appointed:   | <del>)</del> |      |
| ARTICLE V  Name and Title  Address                          | INITIAL OFFICERS AND/OR DIRECTO  E:  Zhang, Jia (Title: μ  50210 BERMONT RD                       | Name and Title:Address:  | appointed:   | <del>)</del> |      |
| ARTICLE V  Name and Title  Address                          | INITIAL OFFICERS AND/OR DIRECTO  E: Zhang, Jia (Title: β  50210 BERMONT RD  PUNTA GORDA, FL 33982 | Name and Title:  Address:  Name and Title:   | appointed:   | <del>)</del> | -    |
| ARTICLE V  Name and Title  Address  Name and Title  Address | INITIAL OFFICERS AND/OR DIRECTO  E: Zhang, Jia (Title: μ  50210 BERMONT RD  PUNTA GORDA, FL 33982 | Name and Title:  Address:  Name and Title:  Address:   | appointed:   | <del>)</del> |      |
| ARTICLE V  Name and Title  Address  Name and Title  Address | Zhang, Jia (Title: $\hat{V}$ 50210 BERMONT RD  PUNTA GORDA, FL 33982                              | Name and Title:  Address:  Name and Title:  Address:   | appointed:   | <del>)</del> |      |

| Name and Title                        | e:   | Name and Title:                                 |   |             |         |
|---------------------------------------|--|---|---|-------------|---------|
| Address                               |  | Address:  |   |             |         |
|                                       |  |   |   |             |         |
| Name and Title                        | ::   | Name and Title:                                 |   |             |         |
| Address                               |  |   |   |             |         |
|                                       |  |   |   |             |         |
| ARTICLE VI                            | REGISTERED AGENT Florida street address (P.O. Box NOT acc                                  | pentable) of the registered among is:           |   | _           |         |
| Name:                                 | Jia Zhang  | chable) of the registered agent is.             |   | 2025        |         |
| Address:                              | 50210 BERMONT RD   |   | , .                                       | NPR I       | T       |
|                                       | PUNTA GORDA, FL 33982  | ·   | ín  | W 0         | i<br>IN |
| ARTICLE VII The name and              | INCORPORATOR address of the Incorporator is:   |   |   |             |         |
| Name:                                 | Jia Zhang  |   | 1   | ~           |         |
| Address:                              | 50210 BERMONT RD   |   |   |             |         |
|                                       | PUNTA GORDA, FL 33982  |   |   |             |         |
| ARTICLE VIII                          | EFFECTIVE DATE:  |   |   |             |         |
| Effective date, i<br>(If an effective | f other than the date of filing:date is listed, the date must be specific a                |   | i<br>rior or 90 days after th             | ie filing.) | )       |
| Note: If the dated document's effe    | te inserted in this block does not meet the active date on the Department of State's re-   | applicable statutory filing requirements cords. | s, this date will not be li               | sted as th  | ic      |
| Having been no<br>certificate, I am   | amed as registered agent to accept service<br>familiar with and accept the appointment of  | as registered agent and agree to act in t       | oration at the place des<br>this capacity | signated i  | in this |
|                                       | Required Signature of Registered   |   | 04/09/2025                                |             |         |
| -                                     | Required Signature of Registered   | d Agent   | Date                                      |             |         |
| l submit this doc<br>the Department   | cument and affirm that the facts stated here of State constitutes a third degree felony as | s provided for in s.817.155, F.S.               | nformation submitted in                   | i a docun   | ient to |
|                                       | Required Signature of Inco   |   | 4/9/2025                                  |             |         |
|                                       | Required Signature of Inco   | rporator  | Date                                      | <del></del> |         |

Date