

P03000004785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

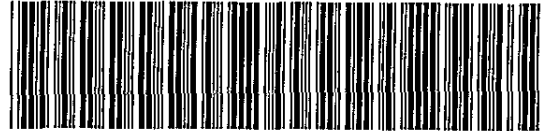
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JAN 10 PM 2:56

FILED

20/1/04

## TRANSMITTAL LETTER

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

SUBJECT: Adam Silva Consulting, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Adam Silva  
Name (Printed or typed)

12195 NW 24<sup>th</sup> Street  
Address

Coral Springs, FL 33065  
City, State & Zip

954-818-9248  
Daytime Telephone number

**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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Adam Silva Consulting, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

229 Goolsby Boulevard, Deerfield Bch, FL 33442

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Consulting Services

**ARTICLE IV SHARES**

The number of shares of stock is:

10

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Adam Silva  
12195 NW 24<sup>th</sup> St, Coral Springs, FL 33065  
President

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Adam Silva  
12195 NW 24<sup>th</sup> St, Coral Springs, FL 33065

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Adam Silva  
12195 NW 24<sup>th</sup> St, Coral Springs, FL 33065

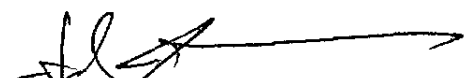
\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

1/8/03

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1/8/03

\_\_\_\_\_  
Date