

# Florida Department of State

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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 Phone

Fax Number : (305)716-0346



# FLORIDA PROFIT CORPORATION OR P.A. KIM SILVIDI, P.A.

Certificate of Status	0
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TÄLLÄHASSEE FLORIBA

FLORIDA DEPARTMENT OF STATE Glends E. Hood Secretary of State

Juna 18, 2003

FAS-T CORP. AGENTS, INC.

SUBJECT: RIM SILVIDI, P.A.

REF: W03000017535

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OLUMIARY OF STATE
TALLAHASSEE FLORIDA

#### ARTICLES OF INCORPORATION

<u>of</u>

## Kim Silvidi, P.A.

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I. NAME

The name of the corporation shall be:

# Kim Silvidi, P.A.

The principal place of business of this corporation shall be:

551 Ave K. SE, Winter Haven, FL 33880

### ARTICLE II. NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. Real Estate Sales,

Prepared by Ronald A. Brown & Associates, P.A. P. O. Sox 999, Winter Haven, FL 33882-0999

### ARTICLE III. CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at one time is 1000 shares of common stock having \$1.00 par value per share.

#### ARTICLE IV. TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE V. OFFICERS AND DIRECTORS

The names and street addresses of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until their successors are elected are:

Kimberly L. Silvidi President 551 Ave. K. SE Winter Haven, FL 33880

#### ARTICLE VI. INCORPORATOR (S)

The name and street address of the incorporator to this Articles of Incorporation is Kimberly L. Silvidi. 551 Ave. K. SE. Winter Haven, FL 33880.

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TALLAHASSEE FLORIDA

#### CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

Fursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is Kim Silvidi, P.A.

The name and address of the registered agent and office
is kimberly L. Silvidi, S51 Ave. K. SE, Winter Haven, FL
33880.

SIGNATURE Kimberly Liliton

TITLE President

DATE 06-16-03

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate. I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statutes.

BIGNATURE KIMBERLY SILVED

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IN WITNESS WHEREOF, the undersigned incorporate has executed these Articles of Incorporation this 16th day of June, 2003.

Signature of Incorporator