

# P03000128575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

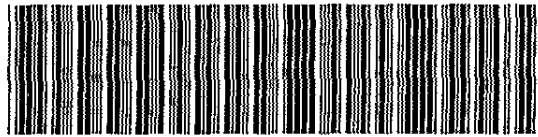
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: G & J Silva Services, 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: DiPasquale & Associates, P.A.  
Name (Printed or typed)

14345 Sunset Lane  
Address

Ft. Lauderdale, FL 33330  
City, State & Zip

(954) 252-7200  
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)

### ARTICLE I NAME

The name of the corporation shall be:

G & J Silva Services, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4102 NW 39th Ave.  
Lauderdale Lakes, FL 33309

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Guillermo Silva, President  
4102 NW 39th Ave.  
Lauderdale Lakes, FL 33309

### ARTICLE VI REGISTERED AGENT

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

Guillermo Silva  
4102 NW 39th Ave.  
Lauderdale Lakes, FL 33309

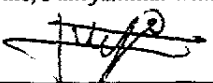
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

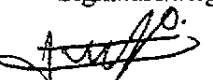
Guillermo Silva  
4102 NW 39th Ave.  
Lauderdale Lakes, FL 33309

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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

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

10/30/03  
\_\_\_\_\_  
Date

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

10/30/03  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA