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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer. ADED RAS MARE SO Let VI - Suct Note LEG 12/1			

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SECRETARY OF STALE

Akufrylit IKZ-1

November 5, 2003

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

RE: Silva Sills, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very Truly Yours,

Rober	t M. Fowler	<u></u>
(1)	ndividuals Name)	
	a Sills, Inc. me Of Corporation)	
Mailing	g Address Of Corporatio	n
5100 9	5 th Street	
<u>Sebasti</u>	an, Florida 32958	<u> </u>
	Phone	<u> </u>
(772)3	388-4771	
Area Code	Number	Ext.

	ARTIC	LES OF INCORPORATION)N
*		of	
	SII	VA SILLS, INC.	· · · · · · · · · · · · · · · · · · ·
		(name of corporation)	
The unders he following ar	signed acting as the incorporators of ticles of incorporation for such corporation for such corporations are such corporations.	f a corporation under the Florida poration:	Business Corporation Act, adopt(s)
	ART	ICLE I - CORPORATE NAME	
The name	of the corporation is: SILVA S	ILLS, INC.	7000
This corpo	ration shall exist perpetually unless	ARTICLE II - DURATION dissolved according to Florida la	aw.
The corpor		ARTICLE III - PURPOSE of engaging in any activities or bu	usiness permitted under the laws of the
·	ration is authorized to issue10	V - INITIAL PRINCIPAL OFFIC	CE
STREET ADDR	RESS		
	5100 95th STREE	r	
CITY	SEBASTIAN	- FLORIDA	ZIP 32958
Mailing ac	ddress, if different		7
STREET ADDR			
CITY		FLORIDA	7IP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

	ROBERT M. FOWLER SILVA SILLS. INC.	10 10 10 10 10 10 10 10 10 10 10 10 10 1	:
ADDRESS	5100 95th STREET		.44
CITY	SEBASTIAN	FLORIDA	ZIP 32958

NAME ROBERT M. FOWLER ADDRESS 5100 95th STREET CITY SEBASTIAN NAME ADDRESS	STATE FL	ZIP 32958
NAME ADDRESS	STATE FL	ZIP 32958
ADDRESS		74000
OTON:	- :	
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
	<u> </u>	
The names and addresses of the incorporators signing these NAME ROBERT M. FOWLER	ž -	
ADDRESS 5100 95th STREET	<u></u>	
CITY SEBASTIAN	STATE FL	ZIP 32958
NAME		
NAME ADDRESS	- - - -	
	STATE	ZIP
ADDRESS	STATE	ZIP
ADDRESS CITY	STATE	ZIP

__ (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

SILVA SILLS,	INC.
(name of co	orporation)
Pursuant to Florida Statutes Sections 48.091 and	607-0501 the following is submitted:
The above corporation, organized under the laws	
s indicated in the Articles of Incorporation 5100 95th STREET	
SEBASTIAN , FL 32958	
as named ROBERT M. FOWLER	
Having been named as registered agent and to accorporation at the place designated in this certific	cate, I hereby accept the appointment as regis-
ered agent and agree to act in this capacity. I fur	=
tatutes relating to the proper and complete perfo	•
nd accept the obligations of my position as regis	stered agent.
Lob t m How (Signature)	11/17/03 (Date)