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SECRETARY OF STATE
TALLANIASSEE TLORIDA

TRANSMITTAL LETTER

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

SUBJECT:	Silverback	Builders li	Ne	
	(PROPOSED CORPORA	ATENAME – <u>MUST INCL</u>	UDD SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	i 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	
		ADDITIONAL CO	Status OPY REQUIRED	
FROM:	Cosman G.	Christed or typed)	<u> </u>	
5560 Pank Avenue				
	Deben Spr	ind R 321	170	
Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

Jobo Pank Avenne 32130 Em Debeon Mings, Fr 32130 Em is: NAME The name of the corporation shall be: Silvenback Builders Inc PRINCIPAL OFFICE The principal place of business/mailing address is: ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Any and all lawful business ARTICLE IV SHARES The number of shares of stock is: 1000 Sharres INITIAL OFFICERS AND/OR DIRECTORS Cosmo & Smith - President List name(s), address(es) and specific title(s): 5560 park Avenne DeLeon Springs, & 32130 REGISTERED AGENT The name and Florida street address of the registered agent is: Cosmo G. Smith 5560 Pank Avenue DeLeon Springs, FL 32130 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Cosmo G. Smith 5560 Park Avenue (Drines, FL 32130 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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)