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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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SECRETARY OF STATE

TRANSMITTAL LETTER

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

SUBJECT: PIN	TO & SILVA GROUP IN	C.	
	(PROPOSED CORF	ORATE NAME – MUST INCL	UDE SUFTX)
gen alic di cons	- 1 . 1 . 71		
Enclosed are an ori	ginal and one (1) copy of th	e articles of incorporation and	a check for:
☐ \$70.00 Filing Fee		\$78.75 Filing Fee	2 \$87.50 Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		ADDITIONAL CO	Status PPY REQUIRED
FROM:	DAVID PINTO		
	Name (Printed or typed)		
	993 NW 82 AVE		
	Address		
	CORAL SPRINGS	FLORIDA 33071	
	City, State & Zip		
	954 439-7948	954 227-4967	
	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

The name of the corporation shall be:

PINTO & SILVA GROUP INC

PRINCIPAL OFFICE

The principal place of business/mailing address is:

993 NW 82 AVE CORAL SPRINGS, FL 33071

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

PROFIT

ARTICLE IV SHARES The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS

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

DAVID PINTO 993 NW 82 AVE CORAL SPRINGS, FL 33071 PRESIDENT

ARTICLE VI REGISTERD AGENT

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

DAVID PINTO 993 NW 82 AVE CORAL SPRINGS, FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID PINTO 993 NW 82 AVE CORAL SPRINGS, FL 33071

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

Signature/Incorporator