

P06000029556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

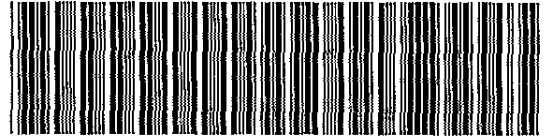
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA

06 FEB 27 AM 8:13

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COVER LETTER

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

SUBJECT: SILVIA Demeter 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: SILVIA Demeter
Name (Printed or typed)

430 Golden Isles Dr unit 44
Address

Hallandale FL 33009
City, State & Zip

917-620-8590
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:

Silvia Demeter Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*400 Golden Isles Dr unit 44
Hollendale Fl 33009*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Stephan Demeter

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Silvia Demeter
400 Golden Isles Dr Hollendale Fl 33009*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Silvia Demeter
400 Golden Isles Dr unit 44
Hollendale Fl 33009*

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]

Signature/Registered Agent

2-20-06

Date

[Signature]

Signature/Incorporator

2-20-06

Date

CLERK OF THE
TALLAHASSEE, FLORIDA

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