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COVER LETTER

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

SUBJECT: SILVER LINING COM	MUNITY CO.
(PROPOSED CORPOR	ATE NAME – <u>MUST INCLÜDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:
\$70.00 \$78.75	\$78.75
Filing Fee Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy Certified Copy
	& Certificate of Status
	ADDITIONAL COPY REQUIRED
•	
FROM: MARY A. BRITTON	
Nam	e (Printed or typed)
	• •
6603 PENSACOLA RO	Address
	Audiess
FT PIERCE, FLORIDA	3/051
F1 FIERCE, FLORIDA City	, State & Zip
	,
772-579-0766	
Daytime '	Telephone number
DOITTONINA DY CORELL	COLUMN
BRITTONMARY@BELL	SOUTH.NET

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)

	oration shall be:		
RTICLE II P.	RINCIPAL OFFICE		
	Principal street address	Mailing	address, if different is:
	3 PENSACOLA ROAD		
	PIERCE	•	
FLC	ORIDA, 34951		
	RPOSE	•	4
ne purpose for which	h the corporation is organized is:		•
IAX, DOCUME	NT PREPARATION		
•			
	•		
		• •	
	HARES		
he number of shares	of stock is:100		
RTICLE V II	<u>IITIAL OFFICERS AND/OR DIRECTORS</u>	2	
	MARY A. BRITTON, CEO		
Address:	6603 PENSACOLA ROAD	4 1 1	
Address:			
	FT PIERCE		
•	ELORIDA 34951		
Name and Title	<u> </u>	Name and Title	
Address:	<u> </u>	Address:	
Addiess.			
			
Name and Title		Name and Title:	
Address:			****
71001000.		11001055.	
			7 - 278
			AL P
RTICLE VI RI	GISTERED AGENT		
	a street address (P.O. Box NOT acceptable) of t	he registered agent is:	935 J. F
Name:	MARY A. BRITTON	-10 1 0 B10111 0 0 0 0 0 0 1 0 1 0 1 0 1	関がる。
Address:	6603 PENSACOLA ROAD		
Ataaress.	FT PIFRCE, FLORIDA 34951	•	
;	TIPICKE, FLORIDA SAMUI		Water Control
RTICLE VII IN	ICORPORATOR		
	ss of the Incorporator is:	•	- on .
Name:	MARY A. BRITTON		
Address:	6603 PENSACOLA ROAD		
	FT PIERCE, FLORIDA 34951		
	<u> </u>		
avina habn named	as registered agent to accept service of process	for the above stated cor	noration at the place designated
	upilliar with and accept the appointment as regis		
n/l.	A .		uci iii iiii capaciiy
[the Hard		1. /20/10
* III/UJQY	CIUUIO		11/30/10
· / / // ·	Required Signature/Registered Agent	•	/ Date
	nt and affirm that the facts stated herein are t		
cume ff to the Depa	rifnent of State constitutes a third degree felony	as provided for in s.817.	155, F.S.
M// ma. in	the start of		/ / -
VIIIIIA	. X'IIIIA		11/30/10
	Required Signature/Incorporator		