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COVER LETTER

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

SUBJECT: Silver Oaks Rentals 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 \$78.75Filing Fee& Certificate of Status

\$78.75Filing Fee& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Allan Tesini

Name (Printed or typed)

6806 Stephens Path

Address

Zephyrhills, FL 33542

City, State & Zip

786-218-2672

Daytime Telephone number

atesini@aol.com

E-mail address: (to be used for future annual report notification)

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

		d/or Chapter 621, F.S. (Profit)
FICLE I NAM name of the cornora	tion shall be: Silver Oaks Ren	d/or Chapter 621, F.S. (Profit) <u>FILED</u> <u>13 FEB 21</u> Mailing address, if different, is:
	NCIPAL OFFICE	JF 63 FEB 21 PH 12: 34
306 Stepher	Principal <u>street</u> address	Mailing address, if different is: Mailing address, if different is: NIA SOLE, FLORIDA
•		
ephyrhills, F		
3542		
e purpose for which t	POSE he corporation is organized is: Real E	Estate Rentals
	<u></u>	
	<u>, , , , , , , , , , , , , , , , , , , </u>	· · · · · · · · · · · · · · · · · · ·
RTICLE IV SHA e number of shares of	RES 100	
e number of shares of	SIOCK 15	
RTICLE V INIT		
	TIAL OFFICERS AND/OR DIRECTO	RS
	<u>rial officers and/or directo</u> Allan Tesini, Director	RS Name and Title:
	Allan Tesini, Director	
Name and Title	Allan Tesini, Director	Name and Title:
Name and Title	Allan Tesini, Director 6806 Stephens Path	Name and Title:
Name and Title Address	Allan Tesini, Director 6806 Stephens Path Zephyrhills, Fl 33542	Name and Title:Address:
Name and Title Address	Allan Tesini, Director 6806 Stephens Path Zephyrhills, Fl 33542	Name and Title:
Name and Title Address	Allan Tesini, Director 6806 Stephens Path Zephyrhills, Fl 33542	Name and Title:
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			FILED
Name ar	nd Title:	Name and Title:	13 FEB 21 PM 12: 34
Address	S	Address:	OEGRETARY.OF STATE TALEANASSEE, FLORIDA
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Susan Tesini		
Address:	6806 Stephens Path		
	Zephyrhills, Fl 33542	-	
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Allan Tesini		
Address:	6806 Stephens Path	_	
	Zephyrhills, Fl. 33542	_	
	med as registered agent to accept service of proce am familiar with and accept the appointment as r		
	STACAL OF		0/10/0010

Required Signature/Registered Agent

2/18/2013 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

2/18/2013

Date

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