

P14000032843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

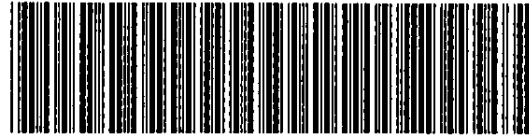
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200258828442

04/11/14--01016--020 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 APR 11 PM 2:30

VH

COVER LETTER

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

SUBJECT: **SILVER GROWTH MANAGEMENT, CORP.**
(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 ☒ \$78.75
Filing Fee 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: **Craig A. Silver**
Name (Printed or typed)
401 Golden Isles Drive, Apt. 811
Address
Hallandale Beach, Florida 33009
City, State & Zip
(305) 773-3676
Daytime Telephone number
silvercrg9@gmail.com
E-mail address: (to be used for future annual report notification)

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:

SILVER GROWTH MANAGEMENT, CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2014 APR 11 PM 2:30

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

401 Golden Isles Drive, Apt. 811

Hallandale Beach, Florida 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consultation & Management Services

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Craig A. Silver, President**

Name and Title: _____

Address **401 Golden Isles Drive, Apt. 811**

Address: _____

Hallandale Beach, Florida 33009

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(cont.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: 2014 APR 11 PM 2:30
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Kramer & Golden, P.A. c/o Justin G. Brook
Address: 1175 NE 125 ST, Suite 512
North Miami, Florida 33161

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kramer & Golden, P.A. c/o Justin G. Brook
Address: 1175 NE 125 ST, Suite 512
North Miami, Florida 33161

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

Required Signature/Registered Agent

4/10/2014
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

4/10/2014
Date