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SEGRETARY OF STATE

COVER LETTER

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

SUBJECT: SILVER SERVICE MAINTAINENCE, 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 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee Filing Fee,

Filing Fee Filing Fee,
& Certificate of Status

Evaluate Status

Filing Fee Filing Fee,
& Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

4418 TEASDA	ALE DRIVE
	Address
NORTH FORT	ΓMYERS, FL 33903
	City, State & Zip
239-222-2974	
Da	aytime 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. (Protit)

	INCIPAL OFFICE Principal street address ALE DRIVE	Mai	iling address, if dit	fferent is:	
FORT MY	ERS, FL 33903				
YICLE III PUR purpose for which	PPOSE the corporation is organized is: HANDY	MAN SERV	ICE		
	TIAL OFFICERS AND/OR DIRECTOR	_		SECRETAL TALLAMASS	15 FEB 17
ICLE V INI		Name and Title:		SECRE TAILY OF S	FEB 17 AM
TCLE V INT	<i>TIAL OFFICERS AND/OR DIRECTOR</i> e: JEFFREY SILVERMAN - PRES	Name and Title:		SECRETALY OF STATE	FEB 17
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR E. JEFFREY SILVERMAN - PRES 4418 TEASDALE DRIVE N. FORT MYERS, FL 33903	Name and Title: Address: Name and Title:		STATE	FEB 17 AN 8: 08
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR e: JEFFREY SILVERMAN - PRES 4418 TEASDALE DRIVE N. FORT MYERS, FL 33903	Name and Title: Address: Name and Title: Address:		STATE	FEB 17 AN 8: 08

Address	Ac	.ddress:
ARTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable) of the JEFFREY SILVERMAN	registered agent is:
Name:	4418 TEASDALE DRIVE	
Address:	N. FORT MYERS, FL 33903	
	N. FORT WITERS, LE 33903	
ARTICLE VII	INCORPORATOR	
The name and ad	Idress of the Incorporator is:	
Name:	JEFFREY SILVERMAN	
Address:	4418 TEASDALE DRIVE	
	N. FORT MYERS, FL 33903	
Having been nan	ned us registered agent to accept service of process for um familiar with und accept the appointment us register	r the above stated corporation at the place designated in cred agent and agree to act in this capacity 2/9/2015
Jenny	Required Signature/Registered Agent	Date
I submit this document to the I	ument and affirm that the facts stated herein are true. Department of Sfate constitutes a third degree felony as	e. I am aware that the false information submitted in a
1.11	a Shipman	2/9/2015
Jagra	Required Signature/Incorporator	Date
•		
		15 FEB 17 AM 8: 09 SECRETARY OF STATE TALLAHASSEE FLORIDA

Name and Title:_______Name and Title:______