## P15000028774

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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03/23/15--01024--003 \*\*78.75

SECRETATY OF STATE TALLAHASSEE, FLORIDA



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## **COVER LETTER**

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

SUBJECT: Pau	ilo Silva, P.A.		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: P	aulo Silva		
	Nam	e (Printed or typed)	
25	528 Black Lake B	Blvd	
		Address	<del></del>
<u>W</u>	/inter Garden, Fl		
	City.	, State & Zip	

407-790-1649

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

Daytime Telephone number

paulosil76@gmail.com
E-mail address: (to be used for future annual report notification)





ARTICLE I N The name of the corp	Paulo Silva, P.A	•	15 MAR 23 AM 11:   1
ARTICLE II P	PRINCIPAL OFFICE Principal street address  K Lake Blvd	Mailing addre	SECRETARY OF STATE S. AMMAHAGREE, FLORIDA
Winter Ga	rden, FL. 34787		
ARTICLE III P	URPOSE ch the corporation is organized is:	state services	
ARTICLE IV S The number of shares			
	nitial officers and/or directors Fitle: Paulo Silva, CEO	Name and Title:	
Address	2528 Black Lake Blvd	Address:	
Name and T	Patricia Perez, President	Name and Title:	
Address	2528 Black Lake Blvd	. 11	
Audress	Winter Garden, FL. 34787		
Name and T	itle:	Name and Title:	
Address			
, sadiviji			



.15 MAR 23 AM II: 15

Name an	d Title:	Name and Title:	SECRETARY OF
Address		Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE VI The name and F	REGISTERED AGENT  lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Paulo Silva	-	
Address:	2528 Black Lake Blvd	-	
	Winter Garden, FL. 34787	-	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ac	<u>ldress</u> of the Incorporator is:		
Name:	Paulo Silva	_	
Address: 2528 Black Lake E		_	
	Winter Garden, FL. 34787	-	
	ned as registered agent to accept service of proces. am familiar with and accept the appointment as re		
	Required Signature/Registered Agent	- <del></del>	Date
I submit this doc	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that ny as provided for in s.8	the false information submitted in a
	11/1	• •	02/20/2015
/-	Required Signature/Incorporator	,	Date