08/25/2033 05:14

#6415 P.001/003

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000196889 3)))



H150001968893ABCE

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 1200000000019

Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

ALINE SILVA PA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H15000196889

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:

ALINE SILVA PA

ARTICLE II PRINCIPAL OFFICE ...

Principal Street Address:

19111 COLLINS AVE APT 1805

5UNNY ISLES BEACH, FL. 33160

Mailing Address if different is:

ARTICLE HI PURPOSE

The purpose for which the corporation is organized is: Realtor

ARTICLE IV

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

ALINE SILVA-PRESIDENT

Address:

19111 COLLINS AVE APT 1805

SUNNY ISLES BEACH, FL. 33160

Name and Title:

Address: ·

ARTICLE VI REGISTERED AGENT

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

Name:

ALINE SILVA

19111 COLLINS AVE APT 1805

SUNNY ISLES BEACH, FL 33160

Address:

H15000196889

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:

ALINE SILVA

Address:

19111 COLLINS AVE APT 1805

SUNNY ISLES BEACH, FL 33160

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

08/13/15

Date

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

Regulred Signature/Incorporator

Dota

AUG IL AM 8: PRETAR / DE STA AHASSEE, FLOR