

P/6000078259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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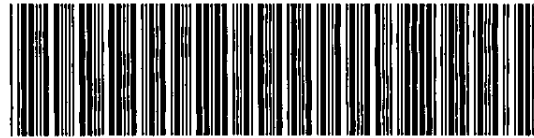
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 23 AM 11:52

✓ 09/26/16

COVER LETTER

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

SUBJECT: ASCD CONSTRUCTION, 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

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: ANDRES SILVA
Name (Printed or typed)

19496 PRESERVE DRIVE
Address

BOCA RATON, FL 33498
City, State & Zip

561-305-2380
Daytime Telephone number

asd@andressilvadesign.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: ASCD CONSTRUCTION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19496 PRESERVE DRIVE

BOCA RATON, FL 33498

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

FOR THE PURPOSE OF ENGAGING IN ANY ACTIVITIES OR BUSINESS PERMITTED UNDER THE

LAWS OF UNITED STATES OF AMERICA AND THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDRES SILVA / DIRECTOR Name and Title: _____

Address 19496 PRESERVE DRIVE Address: _____

BOCA RATON, FL 33498 _____

Name and Title: SUSAN SILVA / OFFICER Name and Title: _____

Address 19496 PRESERVE DRIVE Address: _____

BOCA RATON, FL 33498 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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16 SEP 23 AM 11:52

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ANDRES SILVA

Address: 19496 PRESERVE DRIVE,

BOCA RATON, FL 33498

ARTICLE VII INCORPORATOR

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

Name: ANDRES SILVA

Address: 19496 PRESERVE DRIVE

BOCA RATON, FL 33498

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/19/2016

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

9/19/2016

Date