Florida Department of State

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.

(((H18000028579 3)))



H180000285793ABC7

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

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

**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 M28 CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu DOMHelps

JAN 25 2019

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLEI NA une of the cor CLEII PR	RINCIPAL OFFICE		
E CAVERN	Principal <u>street</u> #ddress AVENUE		Mailing address, if different is:
ST. LUCIE,			
TEIII PU rpose for whi	Ectician		
	7-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
LE IV SHA	ARES 200 s of stock is:		
ber of shares	TIAL OFFICERS AND/OR DIRECTORS		
ber of shares	TIAL OFFICERS AND/OR DIRECTORS Title: MARTHA B SILVERIO, DIR 713 SE CAVERN AVENUE		
E V INC Name and T	TIAL OFFICERS AND/OR DIRECTORS Title: MARTHA B SILVERIO, DIR 713 SE CAVERN AVENUE	ne and Title:	
Der of shares E. V. INE Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: MARTHA B SILVERIO, DIR 713 SE CAVERN AVENUE PORT ST. LUCIE, FL 34983	ne and Title: Address:	
Deer of shares F V INC Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: MARTHA B SILVERIO, DIR 713 SE CAVERN AVENUE PORT ST. LUCIE, FL 34983	ne and Title: Address:	
Deer of shares F V INC Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: MARTHA B SILVERIO, DIR 713 SE CAVERN AVENUE PORT ST. LUCIE, FL 34983 TITLE: JAVIER POLANCO SILVERIO, DIR	ne and Title: Address:	
Deer of shares F V INC Name and T Address Name and Tit Address	TIAL OFFICERS AND/OR DIRECTORS TITLE: MARTHA B SILVERIO, DIR 713 SE CAVERN AVENUE PORT ST. LUCIE, FL 34983 LAVIER POLANCO SILVERIO, DIR 2791 FLORIDA MANGO RD APT 203 LAKE WORTH, FL 33461	ne and Title: Address: Name and Title: Address:	
Name and Tit Address Address	TIAL OFFICERS AND/OR DIRECTORS TIAL OFFICERS AND/OR DIRECTORS TITLE: MARTHA B SILVERIO, DIR 713 SE CAVERN AVENUE PORT ST. LUCIE, FL 34983 TITLE: JAVIER POLANCO SILVERIO, DIR 2791 FLORIDA MANGO RD APT 203	ne and Title: Address: Name and Title: Address:	

Name	and Title:	Name and Title:	
∧ddre		Address:	
			<u>.</u>
	REGISTERED AGENT Florida afreet address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	MARTHA B SILVERIO		
Address:	713 SE CAVERN AVENUE	·	بــــ دن
	PORT ST. LUCIE, FL 34983		Cu 1
ARTICLE VII	INCORPORATOR		* *
The name and a	ddress of the Incorporator is:		•
Name:	MARTHA B SILVERIO		
Address:	713 SE CAVERN AVENUE		.=
	PORT ST. LUCIE, FL 34983		
Effective date, if	EFFECTIVE DATE: other than the date of filing: fate is listed, the date must be specific and e	. (OPTIONAL)	r 90 business
	•	able statutory filing requirements, this date will rds.	not be listed as
Having been n	amed as registered agent to accept service of pr I am familly with and accept the appointment	ocess for the above stated corporation at the placess for the above stated corporation at the placess registered agent and agree to act in this capacit	re designated in
1	Required Signature/Registered Agent	1123/2	 2018
I submit this di	7 / / 2 1	are true. I am aware that the false information	submitted in a
Req	uined Signature/Incorporator	1 2.3	2018
	v -		