

4/16/2018

Division of Corporations

Florida Department of
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

Capital Structures of Florida, Inc.

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: SHANGRILA, INC.
REF: W18000036004

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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Nadira D McClees-Sams
Regulatory Specialist II

FAX Aud. #: H18000120156
Letter Number: 918A00007701

P.O BOX 6327 - Tallahassee, Florida 32314

418000120186

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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 Capital Structures of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

20175 SW 256th Street

9243 SW 256th Street, Suite 207

Homestead, FL 33031

Palmetto Bay, FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sales of Life Insurance and Investments

ARTICLE IV SHARES

The number of shares of stock is: 6

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gerald J. Silverman, President

Name and Title: _____

Address 20175 SW 256th Street

Address: _____

Homestead, FL 33031

Name and Title: Liliane Grand-Bois, Treasurer

Name and Title: _____

Address 20175 SW 256th Street

Address: _____

Homestead, FL 33031

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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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: Gerald J. Silverman
Address: 20175 SW 256th Street
Homestead, FL 33031

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gerald J. Silverman
Address: 20175 SW 256th Street
Homestead, FL 33031

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 days prior or 90 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.

Gerald J. Silverman
Required Signature/Registered Agent

4/5/18
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.

Gerald J. Silverman
Required Signature/Incorporator

4/5/18
Date

H1800020156