

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P1800055141

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.

(((H18000184036 3)))



H180001840363ABC+

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

****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
SYLVANO II, INC.**

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

2018 JUN 20 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED

2018 JUN 20 PM 3:41

DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 21 2018

x Brumbley

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Sylvano II, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1925 Liberty AvenueMiami Beach, FL 33139**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Sylvain Carrara(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Sylvain Carrara1925 Liberty AvenueMiami Beach, FL 33139**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:1925 Liberty AvenueMiami Beach, FL 33139Sylvain CarraraSECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUN 20 AM 9:40

FILED

H18000184036

Required Signatures:

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



Registered Agent6-20-18

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.



Incorporator6-20-18

Date

H18000184036